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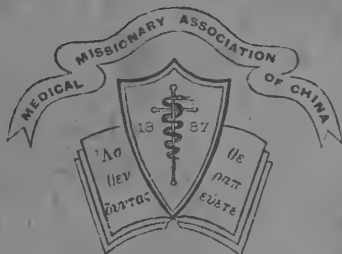
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# China Medical Missionary Journal.

VOL. VIII.

DECEMBER, 1894.

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Original Communications.

[No paper published or to be published in any other medical journal will be accepted for this department. All papers must be in the hands of the Editor on the first day of the month preceding that in which they are expected to appear. A complimentary edition of a dozen reprints of his article will be furnished each contributor should he so desire. Any number of reprints may be had at reasonable rates if a written order for the same accompany the paper.]

## ON MALARIAL FEVER. IRREGULAR FORMS.

BY CECIL J. DAVENPORT, F.R.C.S., *Ed., Chungking.*

Malaria may indeed well be called a hydra-headed monster. It seems to lurk in the background until it finds a weak spot, and then it strikes. No description covers all its aspects, for it accommodates itself to all conditions of life and climate.

The following details will, I think, shew how in this city it runs along certain and peculiar lines affecting patients just where the conditions of life or climate affect them.

Chungking is a large, densely packed city, built on the rocky narrow neck of land between the junction of two large rivers, and more or less surrounded by high hills.

The climate is dull, heavy, damp, but its most trying feature is the peculiarly stagnant condition of the atmosphere.

Naturally therefore residents suffer much from the want of good air and become reduced both physically and mentally. The malarial poison seems to attach itself to those who thus suffer either from the moisture of the atmosphere, or from loss of nerve tone, producing the symptoms mentioned below.

Comparatively speaking *intermittent fever* is largely known. I think I only remember having seen two cases of "spleen cake" out of several thousand out-patients.

*Remittent fever* exists all the year round, but especially in the spring or early summer when, in conjunction with starvation and mal treatment, it yearly carries off many hundreds.

In the March number of our Journal, 1894, Dr. Jellison describes a case under his care which illustrates a class called syncopal in Dr. Fagge's Treatise

on Medicine, Vol. I, p. 243-4. Dr. Fagge says: "The most strange form of all which has been termed syncopal (malaria) in which there is a condition of suspended animation and scarcely less remarkable is another variety which is attended with coma." On the other hand Dr. Fagge rather puts away the idea, that "insomnia, cardialgia and cases of sciatica and other neuralgic effects" are connected with malarial poisoning.

The undermentioned symptoms lead me to think that they are.

Dr. A. Fahmy writing on malarial fever in the Sept. Journal 1892 says: "There appears to be a hypersensibility of the vaso-motor centre so that a draft of cold air, slight gastric irritation, or even sight distension of the bladder, will cause contraction of the cutaneous vessels and shivering in one suffering from such poisoning. Opium appears to be useful in such conditions probably by lessening the excitability of the v. m. centre. It is a fact worth remembering that rheumatic pains in hands and joints, as well as headache, are among the neuralgic affections which are common sequelæ of malarial poisoning."

The following symptoms fall under no regular type and forcibly illustrate the above quotations. (1). The state of the nerves. (2). State of weather largely influence the frequency and severity of attacks. Strain, worry, sorrow, excitement, pregnancy, appear to be all factors in bringing on attacks in those under the influence of the poison. Moisture in the air too frequently induces an attack. I have heard two patients suffering from the disease, comparing notes as to when during the previous night they had felt a change come on, or rain set in. So sensitive do they appear to be to these atmospheric changes, that they are even roused from sleep by the effects produced.

The attacks vary greatly in severity; the thermometer may register little or no fever, or it may rise to 102°, 103°. There may, or may not, be periodicity. I have known it in the same person return every third day, or to return two or three times a day, or to pass over several days before returning.

The following description refers chiefly to the most severe case I have had to treat, but the symptoms are more or less common to all who suffer in like manner. A bad night often precedes an attack. Horrible dreams; asleep and yet as if awake, or insomnia. In the morning the patient is irritable and peculiarly sensitive to sounds, smells or currents of air and has most distressing depression of spirits; then follows general chilliness with creepy feelings in the lower back and about the buttocks; "tingling and numbness right to the tips of the fingers;" weight, heaviness and aching of the limbs which are thrown about and seem burdens which cannot be born, and "the joints ache as if on fire, or acutely inflamed." Sometimes the attack ends here—heat takes the place of chilliness, the skin begins to act and the patient gets the better of his enemy.

On the other hand it may get more severe. Rigidity of one or more limbs, complete loss of power over, or sensation of a limb; severe rigors with chattering of teeth and shaking of the whole body, and the bed on which the patient lies; extreme sense of depression about the chest accompanied by dizziness, faintness, palpitation and a sense of approaching death. When in this critical condition I have taken the patient's temperature and found it only 91°-100°. Pulse 100-105 to the minute; very small in volume and feeble in strength; face distressed, pinched, blue with vacant stare, *nails* blue; *he* curled up under the blanket. Probably a copious flow of pale urine takes place, the skin begins to act, and the patient is left extremely weak, though victorious.

These severe attacks fortunately have not occurred frequently, but on one occasion for half an hour, I have known a patient in this extreme condition of rigor, collapse, and sense of impending death.

These "storms" are often heralded in by a dirty brown tongue, which goes on until the whole dorsum is inky black. Vomiting and nausea usually occur. Pain over the region of the heart is a common symptom and adds much to the distressing nature of the attack. Sometimes the alimentary canal is most chiefly affected. Sharp cutting pains occur in the abdomen, accompanied with an immediate desire to stool, and the action of the bowel accompanied by much straining. Large semi-solid dark motions are passed with much flatulence. The poison appears to be "carried off" in this way quicker than by the skin. Menstruation is rendered irregular, and increased in quantity; and if pregnancy has occurred there is great tendency to miscarriage. This is largely due to the fact that the abdomen is affected by the shaking as well as the muscular frame—the whole seems to be "working," with more or less bearing down pains. Flying pains occur about the body, settling for a time in one muscle, or one set of muscles.

One prominent feature however is "terrible back ache." Right in the bones at the bottom of the back, an aching comes on which neither lying nor sitting will relieve, nor words describe—other than "back ache." The patient may eat well and look well during the intervals, but if long continued the disease tells materially both on mind and body. The blue look of face and nails becomes confirmed, and the nails I have known to become longitudinally furrowed, and very brittle, through mal nutrition.

When first called to treat these symptoms, I felt that removal from the conditions which favour such was the only course. *Quinine* I found of little use; *Arsenic* has proved to be useful, but to no great extent; *Opium* I have used to alleviate the sharp abdominal pains and other nervous symptoms, but have not found it of much benefit. *Eucalyptus* has greatly benefitted several cases. One patient for five months took five drops of the oil thrice daily, with

marked improvement of the state of health. At the end of that time I fancied it caused some renal irritation, and since then the patient has only taken it when absolutely needed.

Change of residence seems the only "cure," and in some cases this has been slow, or even indefinite.

*Remarks.*—There are several difficult things to understand in the above symptoms.

(a). Why should the patient be so painfully sensitive to atmospheric moisture, or approaching rain? Is the poison at all influenced by any rheumatic taint? I have tried salicylates and pot. iod. but to no use.

(b). What is the inky black tongue due to? (it is not due to sucking the native pens; I am aware of that error).

(c). How far has brain anæmia to do with the nervous symptoms?

(d). How far does malaria have to do with the disease? In my opinion the malarial poison uses the already existing conditions—either hygienic or atmospheric—producing these irregularities.

## SCRIPTURAL APPLICATION TO HEALING. FIGHTING CHOLERA WITH "GOD'S WORDS."

By H. L. OWEN, *Burlington, Iowa, U. S. A.*

Cholera probably results from "uncleanness" as taught by our Maker's "words" and from exposure to the dead as per Lev. xxi. 10; Numbers v. 1-9, 10-31, 21; Hosea ix. 4; Is. lxv. 4; Eze. xlv. 25; Matt. viii. 22; Luke ix. 60-11, 44; (1st Cor. ix 9;) Heb. ix. 13.

Prevention=Is. lii. 11.

Plan of knowing remedies=Matt. iv. 4; Deut. viii. 3; Heb. ii. 4; Matt. vii. 16-20; Luke xi. 9-13; Jno. vii. 24; 1st. Thes. v. 21; James ii. 20; Deut. xxix. 29.

Remedies=Matt. iii. 13; Mark xvi. 16; Mal. iii. 2; Isaiah i. 16; Lev. xix. 19; Deut. xxii. 11=Warm bath applied in first stage of disease with caution to prevent it being continued too long, as soon as cramps subside or receive decided check, patient removed from bath with all possible expedition, wiped dry and placed between dry heated blankets. Dry heat further afforded by quickly surrounding body with heated salt in flannel bags or heated water in bottles rolled in flannel, careful to keep room comfortably warm to avoid chill.

Mark xvi. 18-6, 13; James v. 14; Matt. xxvi. 7; Jno. xii. 3; Mark ix. 50; Luke xiv. 34=Dry friction, rubbing well whole body with hands

to restore circulation and heat dependent on it, occasionally sprinkling hand with salt and olive oil, decided benefit when can be practiced.

Matt. xvii. 20 ; Luke xiii. 19 ; Is. xxxviii. 21 ; 2nd Kings xx. 7=Mustard poultices mixed with vinegar applied to calves of legs, soles of feet, to act as stimulant, also if necessary to wrists, inside arms and thighs to arouse circulation of blood, blisters being too slow, one of most efficacious means. Pains in bowels and even sickness often instantaneously relieved by the application of large mustard poultices mixed with vinegar over region of belly, much pain saved patient if applied early.

Mark ix. 50 ; Luke xiv. 34-12, 35=Salt is tonic by retarding decay, warm salt water is emetic in beginning of disease. Two tablespoonfuls in six ounces of hot water at once, one tablespoonful of same cold every hour afterwards. Dry salt in reasonable quantities, also saline injections, men attending salt pans never known to have cholera, small pox, scarlet fever or influenza. Also wear flannel bandage around stomach to keep it warm.

Is. xxxviii. 21 ; 2nd Kings xx. 7 ; "when that which is without as that which is within" (Apocryphal New Testament)=Acid of lemons detrimental to cholera baccilli. Two grains acid of lemons added to quart of water sufficient to make drinking water totally harmless, given warm has quickest medicinal effect.

Matt. iii. 11 ; Jno. iii. 5 ; "when that which is without as that which is within" (A. N. T.)=Warm water nearly hot, given in quantity of glassful every fifteen or thirty minutes as patient able to drink said to be good. By time patient has taken fourteen glasses cure complete except slight diarrhœa which it is not proper suddenly to suspend.

Rev. xxii. 2 ; Ex. xii. 8 ; Numbers ix. 11=Weak tea not detrimental, on account of tannin in it. Antiseptic powers of essence of cinnamon good, said to destroy microbes as effectively, if not as rapidly, as corrosive sublimate, even scent of it fatal to microbes. To promote perspiration weak tea of balm sage and such are good.

Prov. xxxi. 6 ; 1st Timothy v. 23 ; Proverbs xxiii. 29-35=Grape brandy or wine to be given especially where there is absence of pain or tenderness in bowels in later part of disease when clammy sweat, icy coldness of the surface, scarcely perceptible pulse, and sunken countenance, indicate state of collapse, which if not speedily removed loss of patient inevitable. To be used or continued till reaction fairly established, after which they are to be gradually relinquished. Powerful stimulants should not be used in commencement of the attack.

Numbers xxxi, 23-24 ; Matt. xvii. 20 ; "when that which is without as that which is within." (A. N. T.)=Injections, or glysters of hot water above blood heat have been highly spoken of in cases of great collapse, or sinking

and general coldness of the skin. After allowing water to remain awhile it is to be withdrawn and fresh supply introduced. Also injections of mustard.

James v. 14; Mark vi. 13-14, 3; Ps. li. 7; Is. i. 25; "when that which is without as that which is within." (A. N. T.)=Castor oil or olive oil as a purge to be given after the more pressing and violent symptoms have been subdued. At this juncture it is very generally admitted that they have been productive of best effects. They are proper so long as bowels do not perform their functions regularly, and stools have unusual appearance; nor is there any danger of reproducing the disease by their continuance, so long as we take these marks for our guide. It is much more likely to return from neglecting to administer them.

Lev. xxiii. 27-32; Joel i. 14; Matt. iv. 2-6, 16-18, 17, 20-21; Deut. xiv. 8.=When recovering from disease eat light foods such as gruel soup, mush and milk rice, chocolate and such. No solid food. Pork or lard at any time during disease causes inflammation and should be carefully avoided. Patients should do no work but take care of themselves for several weeks after disease is broken, for fear of bringing it back and in order to get thoroughly well. When patients feel perfectly strong and well enough to stand it, they should put in one day, from sundown to sundown without eating or drinking anything, resting quietly, in order to allow blood to concentrate its energies on itself, and to thoroughly purify itself.

To "heal the sick" with "God's words" is the natural advertisement for our home and foreign missionaries as well as for our churches to "draw all men"—"the poor, the maimed, the blind"—to hear the "words of God," as evidenced by our Saviour's actions, and the "words" of instruction He gave the disciples he "sent." To "heal the sick" is to do "good." To do "good" with "God's words" is what God "sent" His "words" to us for.

Take the best *materia medicas* and practices of medicine and trace back from the "Fruits" to the "Tree" from which all the really best in medicine originated, use "God's words" acknowledging to the patient each time where the thought originated either by writing or explaining. "Ask," "seek," "knock," let the patient and missionary "give glory to God" and "thanks always for all things in the name of our Lord Saviour, the anointed to the God and Father" (Rev. Version). Rev. xxii. 17; Ex. xxv. 2; Is. xlv. 18; Matt. iv. 4; Luke xi. 9-13; Jno. xiv. 15-17 and 26-15, 26-16, 7-15; 1st Cor. vi. 19-20; Luke xvii. 18; Eph. v. 20; Matt. iv. 4; Rev. xix. 10.\*

\* We regret that we cannot find space for the 150 references which here follow on, but the majority of them really appear to us to be utterly irrelevant to the text, and the deductions themselves are about as arbitrary and illogical as the many already published. While congratulating Mr. Owens, upon his tenacity of conviction and elasticity of resource—we would diffidently add that we are not of those who consistently seek a Biblical endorsement for every detail of 19th century medicine.—*Ed.*

## NOTES OF A FEW INSTRUCTIVE CASES

BY JAMES A. GREIG, F.R.C.S., *Ed., Kirin.*

The following notes are offered as a mere fragment—an outline—the complete picture of which the writer has not time to fill in.

### *I. Amputation Cases.*

At present I have three amputation cases in hospital, all of which have several points of interest.

*Case A.* Male. Age 20. Came under treatment four months ago for a suppurating sinus over the first metatarsal bone of the right foot. Examination revealed caries of the bone, probably tubercular. He was given chloroform, and all the diseased tissue that could be felt was scraped away with Volkmann's spoon, and a counter opening made on the plantar aspect for drainage. He was put on tonics and good diet, and the wounds syringed daily with antiseptics for over two months. As no improvement had then taken place I advised partial amputation of the foot, and his father reluctantly agreed.

I began the operation thinking that possibly removal of the first and second toes with their metatarsal bones would be sufficient, or at the worst a Lisfranc's amputation. Alas how one may be deceived in such cases. The caries extended right up into the tarsus, the scaphoid and part of the astragalus being quite spongy. Here is the lesson. There were no symptoms of tarsal disease, neither pain, swelling, nor inflammation could be discovered, and yet the tarsus was diseased beyond remedy. It was with difficulty I persuaded the patient's father to allow me to perform a Syme's amputation, he thinking, no doubt, that I was removing too much. The operation was performed, and healing took place by first intention, and now the patient is quite well, and can bear considerable pressure upon the stump, I have advised him not to attempt walking on it for six months.

*Case B.* Farmer. Age 38. Family history good. In April of last year he sprained his foot. In July the foot began to swell over the scaphoid bone. Pain was present, but only severe after walking. Gradually a tumour began to grow, and in March of this year it burst the skin, and several severe hæmorrhages occurred.

On June 22nd physical examination made. The tumour was found situated over the scaphoid and internal cruciform bones, and measured  $1\frac{1}{2}$  inches

round its neck, 16 inches round its body ; length 9 inches, breadth 6 inches. The skin was drawn tightly round its neck, and was not infiltrated by disease. On palpation the tumour was felt to be lobulated, doughy and elastic, and bled on the slightest touch. Colour was green with reddish brown patches from blood clot here and there. It was freely moveable, having no bony attachments. The toes were all moveable, except the big one. Smell sickening. General condition of the patient bad. Great anæmia and cachexia ; unable to stand without support. Says he is steadily getting worse. Pulse 96 weak. Temperature 100°4. The diagnosis was round or spindle shaped sarcoma growing from the muscles or fascia on the dorsum of the foot. On June 23rd amputation was performed. The incisions for a Syme were made, but in front of the ankle some disease was found in the tendon sheathes, so I determined to give it a wider berth, and amputated four inches above the ankle, and to make still safer I took the flap from the back of the leg, so as to be as far away from the disease as possible. Examination of the tumour after removal showed our diagnosis to be correct. It was found growing from the fascia on the dorsum of the foot. The bones were not affected. On section it was pulpy, greyish pink, like brain matter and friable. Striæ running through it dividing it into sections. Numerous hæmorrhages in it. The microscope shewed it to be a round celled sarcoma.

The wound healed by granulation, and now on the 30th July only a small sinus remains, which is rapidly healing. The patient has put on flesh rapidly, and is quite changed for the better in his appearance. Unless metastasis has already occurred I am hopeful no recurrence of the dreadful malady will occur. One unfortunate result is that the cicatrix lies over, and is adherent to the tibia. I made my posterior flap too short, not allowing enough for the contraction of the muscles.

*Case C. Carter.* Age 67. Fell under his cart on June 23rd, and sustained a compound comminuted fracture of both bones of the leg. He was brought to the hospital after dark, in a state of shock. Examination showed the bones to be comminuted, the muscles much bruised, and the main vessels ruptured. The only chance was immediate amputation. This was agreed to, and I amputated a little below the seat of election, but, as the anterior tissues and skin were so crushed, I had to take the flap from the calf of the leg. It was the first time I had performed a major amputation by night, and it was not easy. The light of four candles and one foreign lamp barely sufficed to enable me to see and catch the arteries, and in my endeavours to get a good light I several times nearly singed my hair. The case has done very well, the wound, superficial and deep, healing by first intention with the exception of a round patch of skin which sloughed, and which I suppose must have been injured at the time of the accident.

*II. Opium Suicides.*

I have had over thirty opium suicides since the Chinese New Year. All except five of these have been saved. One or two features of interest should be recorded.

*Case D.* Male. Age 30. Said by his brother to have taken a large dose of opium eighteen hours before I was called. I found the patient's pupils pin point, and insensible to light. He was deeply comatose. Though the case was apparently hopeless I attempted to pass the stomach pump, and, was surprised to find that the œsophagus contracted firmly round the tube. Presently whenever I touched his body he took a tetanic spasm just as if he had been poisoned by strychnia. Death occurred an hour later. On looking up the literature on the subject I find that Lauder Brunton says convulsions in death from opium are rare in the human subject, though it invariably occurs in frogs. In another of my cases, that of a girl of eighteen, convulsions occurred a few minutes before death. I would like to know the experience of my colleagues. It may be that such convulsions are not so rare as it is thought.

*Case E.* Male. Age 27. Said to have taken opium. When I arrived I found him laid on the street to die in a temperature below zero. The patient was quite unconscious, and could not be roused, but the reflexes were all right, and his pupils were widely dilated. This made me suspect alcohol, and in a moment the smell of his breath confirmed my diagnosis. There was considerable delay ere his friend would allow him to be carried indoors, but at last our entreaties prevailed. I used the stomach pump, and evacuated a basinful of clear liquid, smelling strongly of native whisky, and in a short time we succeeded in arousing him and giving him back alive to his family.

*Case F.* Female. Age 40. Strong and muscular. I was sent for just after she had taken the opium. She resolutely refused to take an emetic or to allow the stomach pump to be used. Four men failed to hold her steady. Her husband was frenzied with excitement. What was to be done? I sent for chloroform and gave her enough to prevent struggling, washed out her stomach thoroughly, and saved her life. Some reader may smile and say 'radical treatment indeed.' So it was, but I consider I was justified in pursuing it. Of course only in the very earliest stage could such a method be adopted. The patient was really never under the influence of the opium, as it was all washed out ere it began to take effect.

Speaking of the treatment of opium poisoning I am strongly in favour of the prompt use of the stomach pump in every case. Emetics sometimes do not act, because of the anæsthesia of the stomach, and these are the very cases in which we are called in. Besides this the trial of emetics wastes valuable time. Further the stomach pump greatly impresses the Chinese

with our ability. Here they call it the 'opium saving machine.' Ammonia in some form is the stimulant I place most reliance upon. Atropine as an antidote in my hands has not been of much service. Latterly I have tried permanganate of potash, but on this drug it is too early for me to pronounce an opinion. Cheyne Stoke's breathing is a very grave symptom, indicating the near approach of death, and I venture to think that artificial respiration after this supervenes is unable to avert the fatal issue.

### *Extensive Injury.*

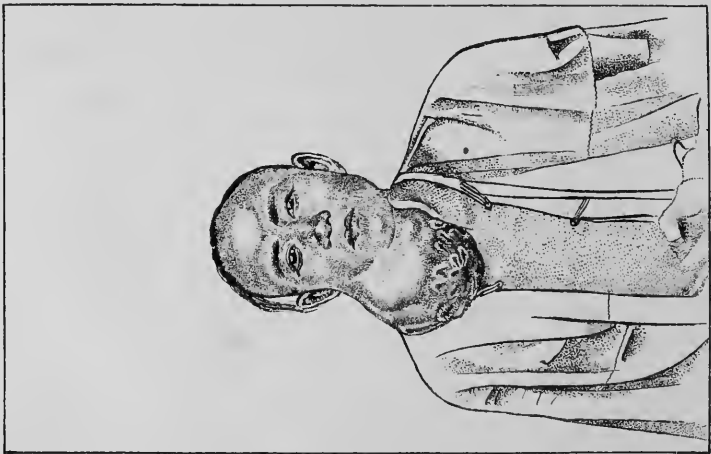
By H. N. KINNEAR, M.D., Foochow.

The unexpected often happens in our practice among the Chinese. Men who seem very vigorous succumb in a short time to illnesses from which we might expect them to recover; tissues that seems good melt down into enormous abscesses in a surprisingly short time; while again, patients with most unpromising physiques endure and recover from serious disease and terrible injuries. An instance of the latter kind came under our notice early in June.

At the side of a bridge crossing one of the canals outside of Foochow city a temple has been in process of construction for some months past. Heavy stone stringers were made to span the canal and upon them a floor of cut stone was laid. The idols, collection box and appliances for worship were put in place as soon as the roof and floor were finished, and the crowds found a cool resting place there.

It was soon found that the abutments were not strong enough to support such a weight as the stone stringers and floor so that it was settling, and while workmen were engaged in making the necessary repairs the stringers broke precipitating the entire floor with several tens of people who were upon it and the idols into the canal. A few men were killed at once and no one could tell how many were injured, but among those who came to the hospital was an emaciated, ill-nourished, yellow-faced opium-eater. He came the fourth day after the accident, having a compound comminuted fracture of the tibia and fibula at the ankle joint. The joint was laid widely open at its outer aspect and extending from it the lines of fracture were also widely open to infection. The injury had been treated by a Chinese doctor with an application of some green herb chopped and pounded which had been used to fill the joint cavity and had been forced a little distance into the lines of fracture. The flesh of the foot and for a short distance above the ankle had been badly bruised and when the man came to the operating table with a weak, rapid pulse, considerable elevation of temperature and cadaverous face it looked like a dubious case.





The leg was amputated at the junction of the lower and middle thirds, but that was not high enough to reach uninjured flesh and the flaps sloughed in a disappointing way. However, spite it all, the stump healed in a reasonable time, the opium habit being cured during the time and the man was in much better condition than before the accident. It is not to be inferred that we recommend that all opium habitues should have a foot cut off.

Dr. DOUTHWAITE reports the following:—

*Sub-maxillary Tumour (with photograph).*

Mr. Wang, whose portrait is given herewith had for several years been burdened with a large sub-maxillary tumour, which for some months before his admission into the C. I. M. hospital had been discharging a foul-smelling fluid, thus rendering the poor fellow a nuisance to himself, and a most undesirable inmate in his own home, besides putting out of question his marriage, which had been arranged for before the tumour appeared.

The removal of the growth was tedious and difficult, for it involved all the right sub-maxillary and sub-lingual glands, was adherent to the larynx, and had burrowed so deeply that the sheath of the carotid was laid bare in its removal. The man made a rapid recovery after the operation, with the result of which he was highly delighted, as is evident from the happy expression of his face in the second photograph. He went home to be married four weeks after the operation.

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## HYPERPYREXIA IN MALARIAL FEVER.

By RICHARD SMYTH, M.B., *Ningpo.*

Fever attended with excessively high temperatures is, doubtless, common enough in such a country as China; yet a case presenting a daily rise above 110° F. continuing for a week and terminating in the complete recovery of the patient is sufficiently rare to warrant publication.

Ah Nyüoh, widow, aged 40, servant in the French Convent, Ningpo, was admitted to the sick-ward on Sunday morning, July 1st, suffering from headache, nausea, and vomiting. A well-marked rigor followed. Temperature rose rapidly and reached 110°5 at 9 p.m.

The sister in charge (hospital trained) gave 20 grains of antipyrin and an enema of soap and water.

July 2nd. Patient felt better and took some light food. Temp. at 8 a.m. was 100°5. It rose to 111° at 5 p.m. in spite of the half hourly doses of tinct. aconite m i. The application of ice to the head and mustard fomentations to the lower extremities resulted in a fall of 4° in an hour.

3rd. Marked tenderness over spleen and epigastrium. Morning temp. 98°. Warburg's tincture tabloids were given in full doses every four hours, Pulse being very feeble and irregular. Brandy and sal volatile were administered at intervals during the day. Temp. rose to 112°.

4th. Nausea, very distressing in forenoon, checked with Ac. citric  $\bar{c}$  sod. bicarb. effervescing draught. Temp. 111° at 1 p.m. Phenacetin gr. x. and pilocarpine gr.  $\frac{1}{2}$  given.

5th. Morning temp. 99°. Quinine gr. x. given every two hours. Fever rose 111° early in afternoon. Beef tea with egg flip and brandy were taken freely by patient.

6th. Quinine in one dose of 20 grains having been vomited, thirty grains with starch and laudanum were injected per rectum, but failed to be retained. Temp. reached 110°3.

7th. Pilocarpine given early to anticipate expected rise of temperature, and quinine gr. v. every hour. Temperature rose to 110°5 at noon.

8th. Found on arrival that patient had swallowed, during the night, a bottle of medicine containing dr. ss. of Fowler's solution. No symptoms of arsenic poisoning. Temp. rose to 109°.

9th. Nausea having quite disappeared, quinine grs. 60 (half per rectum) was administered, and retained.

10th. Marked improvement to-day.

11th. Temperature failed to rise above normal. Subsequently the patient made an uninterrupted recovery. When last seen, Oct. 1st, she was quite strong and healthy, and stated that she had enjoyed better health since the attack than for many years previously. I attribute the happy result to the exhibition of quinine in one large dose, although the arsenic may have assisted. The temperature was taken in the mouth, and three thermometers agreed in the registration.

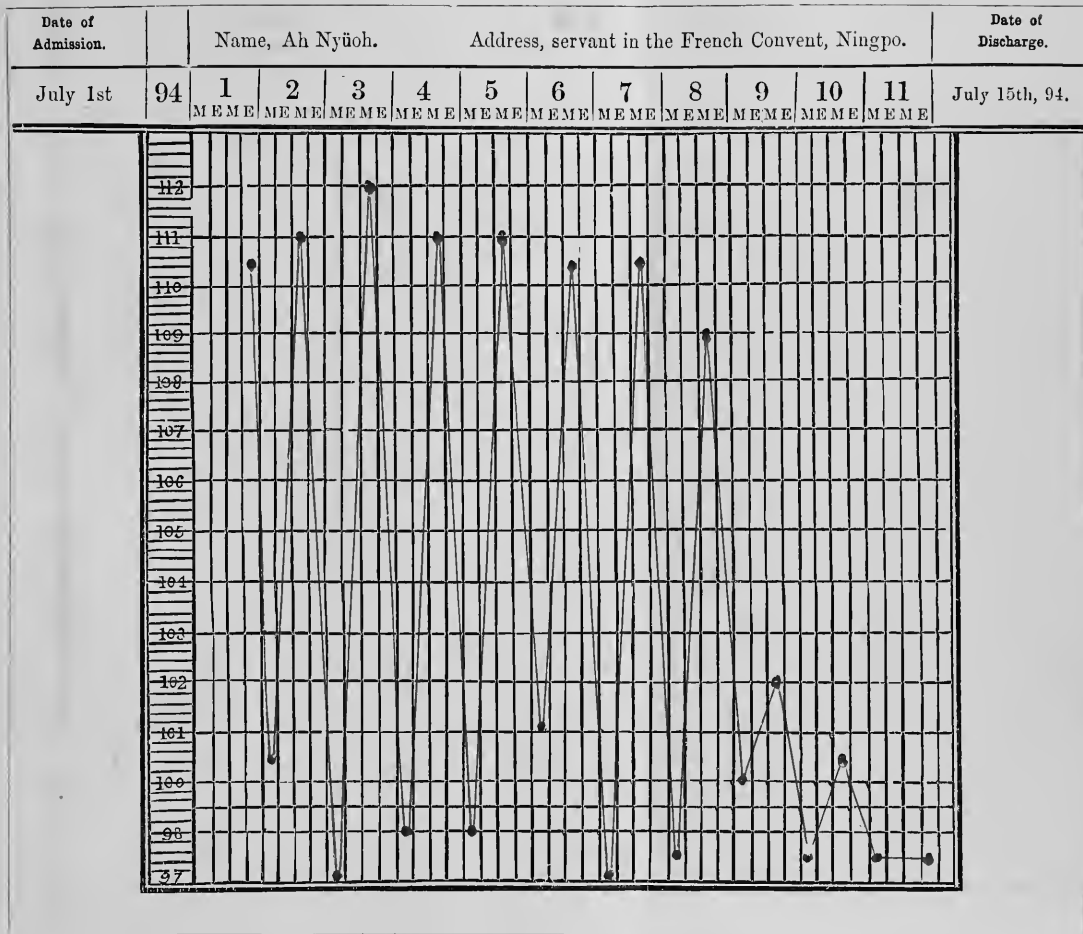
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## THE BUBONIC PLAGUE.

By J. G. KERR, M.D., LL.D.

The recent visitation of the Bubonic Plague was attended by certain conditions and had certain consequences which are worthy of notice.

In the first place the epidemic took place in a British colony, where it came in contact with modern scientific medicine, and where all the powers of the government were given to support, to the utmost, the sanitary and preventive measures proposed by the medical faculty. Besides the staff and men at the command of the Sanitary Board, there were many



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volunteers—civilians, as well as military and naval officers and men. "Over 8 officers and 300 non-commissioned officers and men of the Shropshire Light Infantry volunteered." Some idea of the amount of work done may be inferred from the fact that house to house visitation was kept up during the whole epidemic, in order to find and isolate the cases as they occurred; and "over 7,000 tons of rubbish and dirt were removed from the city."

In the second place, near by (six hours by steamer) was the great city of Canton, where there was no Sanitary Board, the government adopted no sanitary or preventive measures, there was no isolation of cases, no removal of filth or rubbish, no water supply, no system of drainage, and where Chinese medicine and Chinese superstitions had full and unrestricted sway. Notwithstanding the great difference in the conditions the epidemic ran its course *pari passu* in the two places, and ended simultaneously in both, although hundreds of cases were transferred from Hongkong to Canton.

Unfortunately statistics do not exist to show the comparative mortality in the two cities, and the reader must form his own opinion as to why the plague disappeared from Canton just as soon as it did from Hongkong. The Permanent Committee of the Sanitary Board, referring to the vast amount of work done by the volunteers, affirms that it is "still of the opinion that to the thorough cleansing and disinfecting of the houses in which the plague cases had occurred, they owe the speedy stamping out of the plague."

3rd. There is an aspect of the work done by the volunteers in fighting the epidemic, viz., its moral influence on the Chinese, which the Permanent Committee says, "was absolutely invaluable, because of the effect produced on the minds of the Chinese. It allayed panic. It dispelled the absurd ideas and fears with which the minds of the poorer classes were filled. It checkmated the seditiously disposed, who were seeking to take advantage of the crisis for their own purposes," etc. The committee rightly estimates this moral influence of the volunteers in facing death and in working with such energy and zeal for the public good as of far more value than the actual work done, and the effect on all classes, and especially on the minds of the more intelligent, will long be felt in Southern China.

4th. The terrible fatality of the disease gave little opportunity to show the superiority of any one method of medical treatment over others, and the native doctors claimed for their methods as much or more success than that of European physicians. But the vast superiority of European methods became manifest when the special hospitals were fully organized, with the attendance of trained nurses, perfect cleanliness and order, and with every possible care for the patients as regards food and medicine.

At first the Chinese rebelled against the measures of the government, and demanded that the sick should be placed in Chinese hospitals and be under Chinese treatment. This was granted in a measure, and the result showed the utter incapacity of the natives to deal with so terrible a visitation. In the hospital under Chinese management a hundred patients lying on the floor, almost without attention, in the midst of the filth of their own discharges was a condition of things which did not commend native methods, even to their own people.

The contrast thus presented in Hongkong between the methods of natives and of Europeans as they were seen and experienced by so many people, has produced an impression on the minds of many intelligent people in favor of Western medicine, which will have a lasting effect. Notwithstanding the bitter opposition of the natives to the measures of the government, the perseverance of the Sanitary Committee in carrying out those measures, and the immeasurable superiority of the hospital management have made impressions in favor of Western medicine which will not soon be forgotten, and which will do much to hasten the day when the wretched system of native practice will have passed away and be superseded by rational and scientific practice.

Evidence of the enlightening effect on the Chinese mind is shown in the fact that about the middle of the epidemic a temporary plague hospital was put up in the Western part of the city of Canton, which had the merit of being thoroughly ventilated, and was kept very clean. It was a large mat shed built on piles over the water, and was an ideal hospital for an epidemic, except that the loose construction made it noisy when any one moved about in it.

The Chinese are now building a new hospital in the city, in which it was at first the plan to have partly foreign treatment. The man who favored this has died, and it remains to be seen whether the managers will still carry out the idea. It is however only a question of time. There are some eight or more drug stores in the city which sell foreign medicines, and there are not far from a hundred physicians in the Province, who have been educated in the Medical Missionary Society's Hospital, who are engaged in practice. The work of our lady physicians in the families is now an important factor in gaining favor for Western medicine.

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TO WHAT EXTENT IS CHARITY INCUMBENT UPON  
MEDICAL MISSIONARIES?

By H. T. WHITNEY, M.D., *Pagoda Anchorage.*

In the June No. of this journal I advanced a few thoughts on "The Self-supporting System in Medical Work." In the same issue Dr. Atterbury, for the sake of discussion, presented the other side under "Gratuitous Treatment."

What I have to say in this article is not directed against Dr. Atterbury but is a consideration of the tenability of the statements he presents for those who hold that view.

The first and most important position taken is that "charging for the treatment of the sick by those whose main object is to preach Christianity is out of harmony with the spirit of the Bible."

Agreeing with the above statement are the following: "Freely have we received of salvation and as freely must we give the same to others by preaching, teaching, or healing, as the Bible classes all these methods together." Also, "Elijah (Elisha?) refused pay from the heathen Naaman, and Paul charged nothing for his power to cure."

The second quotation, which is evidently meant to indicate "the spirit of the Bible," undoubtedly refers to Christ's instructions to the Twelve, Matt. x. 8, in which He said, "Freely ye received, freely give."

What was it they were to freely give, where were they to go, and under what circumstances were they to carry out these instructions? They were freely to make known that the kingdom of heaven was at hand; and they were to heal the sick, raise the dead and cast out demons, all by the power of God and in attestation of the new doctrine they were sent to proclaim.

They were not to go to the heathen (Gentiles) nor to the Jewish hating Samaritans, but to the lost sheep in the house of Israel; and they were to carefully hunt out those who would gladly receive them and support them while they were carrying out Christ's command. So, in this particular instance, they were not to make any extra provision for their journey as their *friends* would supply all their need during a brief sojourn.

Now what is there in this reference that has any application to medical missionaries supporting themselves (which is true as far as the heathen are concerned) and doing all their work gratis for a heathen people? The only application I can see is in the *spirit* of the command which is the same as that of Biblical teaching generally.

The first part of the command to go and preach that the kingdom of heaven is at hand certainly cannot be construed to mean that all believers are to support themselves and go and preach freely the kingdom of heaven. That would be a strange interpretation.

The second part of the command to heal, raise to life, and cast out demons was to be executed by supernatural power, without the employment of human means (which would have cost money) and for the express purpose of attesting the new doctrine and prepare the way for the acceptance of Christ as the true Messiah.

But such attestation to the religion of Christ is not needed at present, so that there is no need of such supernatural testimony and consequently no such power is given to Christians. Hence I fail to see wherein this part of Christ's command applies to favor any such principle of free treatment.

The next reference is to Elisha's healing Naaman (a heathen), and refusing to take any pay, or favoring the idea that therefore all medical missionary work should be done gratis!

Elisha healed Naaman by the power of God and as the prophet of God, and for a special purpose, namely: to show to Naaman that there was but one true God and that one was the God of Israel; and it would have been entirely out of place to have received pay even under the guise of a gift. But under other circumstances he did not refuse gifts as instanced in 2nd Kings iv. 42. So that from either standpoint this reference affords us no help in trying to prove gratuitous treatment.

The third reference is to the Apostle Paul charging nothing for his power to cure. Certainly not, for he also used God's power and it would have been as much out of place to receive pay as it would have been for Elisha, or the Twelve, or the Seventy, so that Paul gives no sanction to such a principle. But on the other hand, he clearly teaches the reverse in 1st Cor. ix. 14, so did the Lord ordain that those who proclaim the Gospel should live of the Gospel. In this case the teaching is also broad as it includes not only Jewish Christians but also Gentile ones, *i.e.* heathen converts. But while Paul teaches this as a principle and a right in propagating Christianity, yet he makes an exception in his own case, for special reasons which he explains.

The whole general spirit and teaching of the Bible from Genesis to Malachi, seems to me in accordance with the principle, that human service rendered by human power and means has a right to be requited by a proper compensation.

The sustentation of the Levitical priesthood and the support of the whole Jewish worship from the day it was inaugurated proceeded on this principle.

Nor was this principle abrogated by the advent of Christ, but was substantiated by Him and the Apostles and New Testament writers after Him, and it has been the practice of the Church ever since.

The missionary spirit and methods of work that have sprung up in the Church during the past hundred years have proceeded from an increasing realization of the lost condition of the heathen, their helpless condition without the benefits of the Gospel, and a desire to bring the Gospel to them as speedily as possible. And the large gifts of the Church and the enormous amount of charitable work that has been and is being done for the heathen and others, has not been done from any idea that they ought not to render anything in return for what was done for them, or because it believed the Bible taught any such doctrine; but from a belief that by this means they could the sooner, and in greater numbers, be brought to the knowledge and obedience of Christ.

When brought to the last analysis there is no such principle of oughtness that one class of people should do freely for another class and they have no duty to render anything in return. It seems to be apparent that it is a general principle in both the spiritual and material worlds that what is done for another inherently demands an equivalent of some sort.

In spiritual things even the free grace of God is conditioned to the receiver and requires an equivalent in the shape of perfect obedience which, when carried out in detail, includes the consecration of life and the contribution of material things for the support of the Gospel.

This principle is of universal application, since all moral beings are under the same law, and hence no nation can be exempt from its requirements.

Now when we come to apply this principle to medical missionary work we do not find that we ought to gather together either large or small sums of one people's money and go and spend it freely on another either heathen or Christian, and they remain exempt from all responsibility.

We *can* do such work if we choose and as much as we choose and there may arise conditions where it becomes a Christian duty so to do, but I know of no religious, or moral, or sociological principle that requires such work of one class and exempts the receiver from all responsibility in return.

The work of the "free dispensaries in our home lands" I don't think is any criterion by which to regulate medical missionary work on a free basis.

Moreover, the home charities have been carried on so promiscuously and unwisely in the past that there has been a great outcry against them which is causing a change in many places so that the work is being systematized and corrected to avoid the demoralizing effect of bestowing aid where it is not needed. The principle is clearly recognized that all who are able should

render some remuneration for what is done for them, and even the worthy poor are rather to be helped to earn for themselves than to be given money etc., outright.

So, also, the tramps in America became an unbearable nuisance and were finally outlawed. The principle taught by Paul in 2nd Thes. iii. 10, was put in force that if any would not work neither should he eat.

The second statement Dr. Atterbury makes is that "charging for the treatment of the sick when the object is a religious or charitable one is contrary to native ideas as to how such work should be conducted. Hence it occasions remark and suspicion of mixed motives if one whose avowed purpose is to do good puts himself on the same plane with an ordinary practitioner."

Native ideas are no criterion for the medical missionary for their ideas are all wrong in this matter. They think that what we do is done to lay up personal merit, whereas nothing could be further from the truth. Neither can we help the remarks or suspicions of the heathen. They have existed ever since the entrance of Christianity and medical missions into China, and they will continue to exist till the heathen come to know and understand the real nature and motive of our work. And to lay ourselves out to try and stop them would be as futile as the attempt of the man, with son and donkey, to please everybody. He pleased nobody and lost his donkey beside.

Medical missions are not carried on for the Chinese in any such sense as an "Emperor's bonities" and, also, I am thankful to say we do not carry on our work like any "native benevolent work" as it would be a disgrace to Christianity.

The third point made that "charging our patients a fee may neutralize much of the *influence* medical work is expected to exert" is merely a supposition and I do not think is much to be feared. I have seen no such effect yet. In fact the reverse is true in my experience.

The danger that some worthy poor may be turned away is very small unless the medical work is carried on the basis of absolutely no treatment without pay, and I know of no such in China. Even the Fatshan hospital, which is the most stringent of any I know of in China, has charity patients, and the spirit of their reports would indicate that they are willing to treat freely all the worthy poor that apply.

But rather do we fear and often get disgusted with the non-paying class, that, after we have been to some expense and considerable pains to help save the life of a patient, they will, and sometimes do, refuse to let us complete the cure, call a native doctor who knows absolutely nothing about the case, and the life is sacrificed.

"Better for nine guilty men (*i.e.* able to pay) to escape than for one

innocent man (*i.e.* unable to pay) to suffer is the rule of mercy in our court of law."

This is rather better than the Lord has been able to effect in His system of government, with which we are not supposed to find much fault.

In His government some innocent have always had to suffer on account of the guilty, and some have sometimes been offended at God because of it; but He is just and equal in all His ways and is not at fault even though some for any reason have to suffer. The same is true also in human affairs and perhaps will continue to be till the millennium.

The Chinese like all heathen nations are a nation of liars and we cannot do for them often as we would like to, but if we carry on a work, on Christian principles, for the benefit of the masses, and some few do not always get what they might under other circumstances, it is not our fault. We cannot control all the circumstances on both sides.

It is our duty to plan to do the most permanent good to the greatest number, and if in so doing here and there an individual, from circumstances which we cannot control, does not receive equal benefit with the rest, it is much better so than that the "nine guilty" should fail to be corrected of their guilty ways.

And in order to do this they must first be taught the value of favors and their obligation in connection with the reception of them. If we fail in this we accomplish no lasting good. We are not in the same position as physicians pure and simple. They when they have healed disease, or exhausted their knowledge and skill in the attempt, have discharged their duty. But we, as missionary physicians, are sent to accomplish more than the mere healing of bodily infirmities and correcting the physical life, and we fail in our mission in so far as we fail to influence the moral and religious character of those we treat. But this cannot be done by promiscuous charity to the heathen. They simply accord to us a high name and the laying up of great personal merit, both of which are false, but their character is not bettered one iota thereby, nor have they learned from us a single higher motive to moral action. Hence our time, labor, and funds are practically thrown away as far as accomplishing any permanent good is concerned. The home Churches do not contribute funds for us to use on such a basis.

The healing done by the missionary physician, while just as good as that done by any other physician, is purely a secondary work, a means to an end, and the natives are told so. Our main object is to help the heathen to live a higher, nobler, purer, honest, unselfish life, in fact to help lead them to be true Christian people.

The fear that charging will have a bad influence on our Christian native physicians seems hardly well founded. For no one expects or ought to ex-

pect that any of them will *give* their services to the Church except in the form of minor charity, the same as all Christian physicians ought to do. And I see nothing in the principle of charging that would militate against this in the least if they were really Christian physicians.

The last statement of Dr. Atterhny is that "it is unfortunate for the foreign doctor himself to feel that a considerable portion of the money to support his work must come from his patients" lest he "be anxious to have financial success" and so "emphasize the temporal and minimize the spiritual" and gradually "become hard hearted towards the poor," etc.

I think it will largely depend upon whether he is an *earnest* Christian physician when he enters the mission field, or whether he is desirous, primarily, of working himself up in his profession and only plans to do what good he may incidentally. Of the former I should have no fears, but of the latter there might be some danger. But the question would next come as to whether the latter class were not out of place in the mission field.

But there are other considerations to modify this fear. It will very seldom happen that the missionary physician will have to depend mostly on his patients for the support of his medical work, or even for any considerable portion of it. In nearly all medical works in China at present the support is derived very largely from other sources, and only a very small part comes from the patients, and this state of things is likely to continue thus for a long time.

There is much more that might be said in opposition to the four points presented in favor of "gratuitous treatment but encouraging voluntary gifts" but perhaps enough has been said for the present.

What is claimed is that while so little has been received in the past from patients toward the support of medical work it has been due to a large extent to the practice of giving almost everything to the patient and the time has come when medical work should be conducted on a paying basis. Not that most medical work can hope for full self-support for a long time to come, but that promiscuous charity should be done away with and hospital, dispensary, and bedside practice be conducted so that, as far as possible, only the really poor and needy and unable-to-pay patients shall receive full charity.

It should be remembered, moreover, that even on a so called paying basis the large majority of patients would still receive from one-half to three-fourths free, and only an infinitesimal few comparatively, would pay a full equivalent for services rendered.

But it is believed that the paying basis is the scriptural and proper one, and the only one that will work for the highest good of this or any other people, and this is what we are working for as foreigners in this country.

The paying policy does not mean "no pay no treatment" but it is an educative process by which the patient is taught to value what he receives. He learns, also, that after he has paid what he is able still the large part of the value of the treatment has been given him, and this tends to excite a feeling of gratitude and appreciation of the kindness and generosity of the foreigner. And if he is fortunate enough to reach a point where he understands that this work is done out of love to him and a desire to secure to him the benefits of Christianity, he will love the foreigner and respect his religion even if he does not feel himself in a position to embrace it.

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## A CASE OF PNEUMOTHORAX.

By S. R. HODGE, M.R.C.S., L.R.C.P. (*Lond.*)

Ren Yio-hên, aged 72, a tailor by trade and residing at Wuchang, was admitted to the Wesleyan Mission Hospital, Hankow, with the following history:—The patient, who had long suffered from chronic bronchitis and emphysema, was crossing the Yangtze on March 31, when, during a fit of coughing, he was suddenly seized with great pain in his chest, and difficulty of breathing. With great effort he managed to get conveyed to the house of a relative in Hankow, from whence a message was sent to the hospital. In my absence he was seen by my assistant, who found him pulseless, breathless and complaining of great pain. He had him removed to the hospital and put on a poultice to relieve the pain. I saw him the following morning and found him in the following condition: He was very collapsed, lying, indifferently, on either side, curled up with his head somewhat low; whispering voice; feeble small pulse and complaining bitterly of pain in his chest, which he kept beating with his hand. He was pale, without any signs of cyanosis—gasping for breath, opening his mouth wide at every inspiration and using his inspiratory muscles markedly in his effort to get more air. There was hyper-resonance over both lungs, but most marked and drum-like over the lower half of the left lung. Air was entering the right lung freely, but only the feeblest and most distant sounds could be heard over left lower lobe; the breath sounds in upper part of left lung comparatively feeble. The heart was found beating in the epigastrium.

The history and physical signs seemed to me to point to pneumothorax produced by rupture of an emphysematous lung during coughing. Treatment, beyond rest in bed, stimulant to the respiratory centre and to the heart—the inhalation of small quantities of chloroform seemed to give him much relief. After six days they took him home and he died on the 11th day from the seizure.

*Remarks:* Pneumothorax is not uncommon in China. Bronchitis with emphysema—more or less general subcutaneous emphysema coexists, but, as in this case, not always.

*Fluid* is generally effused into the pleural cavity, but may not appear for some time. Wilson Fox quotes a case, cited by Trosseau, in which effusion did not appear until the 16th day. Up to the 6th day, after which I lost sight of my patient, there were no signs of fluid—they may have appeared later. *Pain*, in the upper part of the chest, or of the back, is very common and was a marked feature in this case. *Intense Dyspnoea*, as above, is generally an early symptom and is due to the sudden collapse of the lung; according to Stokes the presence of old adhesions, preventing the lung suddenly collapsing, may retard the occurrence of this symptom. Wilson Fox remarks that the difficulty of breathing observed depends in great measure on the amount of gas in the thoracic cavity, and on the respiratory power of the unaffected lung. The whispering voice is, of course, due to the breathlessness.

I should think it probable that it was a dilated and thinned bronchitis which gave way in my patient.



#### NEW INVENTION. VACCINATION SCARIFIER.

We are indebted to the *British Medical Journal* of Sept. 22nd, 1894, for the following account of this scarifier. Although the principle here explained is not altogether a novelty, since the five cent nickel scarifiers are excellent (even as the broken nibs of new pens are not to be despised). Still there are here points of interest which may be of use to those of the profession in China, who have much vaccination work to do.

We quote:—Surgeon-Lieutenant Colonel W. G. King writes from Madras with reference to Dr. Napier's vaccination scarifier described in the *British Medical Journal* of June 23rd: It is with satisfaction that I find I have the

support of a medical man of experience as to the soundness of principles adopted by me for use in this country in 1891; of this I send a sketch—exact size. As this succeeded the more complicated instrument used by me in the Madras Vaccination Department in 1890, the teeth of which were of the same shape as that now shown but were capable of protrusion beyond a guard by means of a screw, it was necessary to name this King's scarifier No. II., to distinguish it from the first issue which was thereafter known as No. I. The result of the following of the same principles by Dr. Napier and myself has been to produce an instrument very similar in character, although we have had no opportunity of communicating with each other. This scarifier was devised by me to meet the requirements of native vaccinators, too unskilled to be trusted with the lancet in using my preparation of preserved lymph, known as lanolin vaccine, now largely used in this country—that is animal vesicle pulp mixed with anhydrous lanolin, a preparation which I found, after a careful series of experiments in 1890, to be specially suited for use in this hot climate. The scarifier consists of a single steel bar with small teeth at one end, and a spatula at the other. The surface of the metal is slightly round, it is coloured blue except at the two exposed ends, with the object of being less like a dangerous weapon to timorous mothers. When comparing the instrument with Dr. Napier's, I would call special attention to the shape and arrangement of the teeth. The outer teeth on either side have a diamond shape as in the case of the other two, but Dr. Napier's are cut straight; and I think experience will show him that if this be retained, the outer teeth are apt to make irregular and deeper scratches than the inner, whereas if all be made of the same shape, the pressure applied is met with uniform resistance from the skin at all points, and the result is more uniform. The instrument is held in the right hand in the attitude of a pen but in a more vertical position, whilst the left stretches the skin of the arm; with a single movement the epithelium is removed, exposing, without penetrating sufficiently to cause bleeding, the true skin. Four uniform and equi-distant scratches are thus produced. In applying the lanolin vaccine or other preparation, the skin is stretched by the forefinger and thumb of the left hand, so as to make the scratches gape, and insertion is then effected with the spatula end. Whilst the ordinary instrument is provided with four teeth,



SCARIFICATIONS ACTUAL SIZE

I may state I have also used three and two teeth successfully, according as the degree of concentration of the preserved lymph demanded either a large or small area for absorption; the instrument with two teeth is particularly useful for use with fresh lymph. Dr. Napier's experience as to the rapidity with which operations can be effected coincides with my own. Aided by two assistants, one inserting the lymph, and the other cleaning a spare instrument, at Bangalore in 1891 I vaccinated in an ordinary working day, over one thousand soldiers and followers, showing, that with preserved animal lymph available, a whole army could be vaccinated before proceeding on service at a moment's warning.

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### SELF-INFLICTED WOUNDS.

BY ROBERT COLTMAN, JR., M.D., *Peking.*

Perhaps in no country under the sun will be met with the variety and severity of self-inflicted injuries as in the Celestial Empire.

In the United States we occasionally hear of a suicide by cutting the throat, criminals too have sometimes cut the radial arteries with a knife or glass, attempting thus to elude death or the gallows. But the idea of injuring enemies by self-destruction or self-mutilation seems to be altogether an oriental one. The causes for which this is done are in many instances exceedingly trivial. Nine cases out of ten money is the exciting cause and the other case jealousy of a rival's influence over a husband's attention, I will not say affection. It is needless for me to relate cases of suicide from eating matches, opium, lead, or arsenic as illustrations of the principle apparently inculcated in the Chinese youthful mind, that to put red hot coals on his own head will burn his rival's or enemy's head the worst, for all practitioners in China are acquainted with too many similar instances. I will mention however a few of the cases in which a knife was the instrument of destruction or mutilation used, as showing to what degree of frenzy and disregard of pain an oriental madman can be brought.

A neighbour of ours, a wealthy official, after an unpleasantness with his son seized a sharp knife and completely disembowelled himself. He then grasped a coil of the ileum lying at his feet and tore away five feet of small intestine and threw it violently against the wall. When seen several hours later he was in a state of collapse and soon after died. Last summer a woman living on the street to the back of us became jealous of her husband's concubine and worked herself into a frenzy, during which she cut her

abdomen in the median line with a native razor, through the abdominal walls, for a space of three inches. Entering her fingers she grasped a coil of intestine, pulled out a loop of some three feet in length and tore it off, also throwing it against the wall. We were called some twenty-four hours after the injury, and the case being hopeless, could but decline to interfere. She died an hour after our arrival. This past spring a young native, student of the Viceroy's College at Tientsin, failed to pass his examinations and cut his throat with a native razor. He failed to sever either carotids or jugulars and although his larynx was half cut through had very little hemorrhage. We admitted him to the hospital and he made an excellent recovery. Several other cut throat cases have come under my notice. In all of them the wound has been too far up in the neck to endanger the large vessels, and so the patient finding himself bleeding considerably and his larynx tough to cut, and perhaps painful, imagines he has done all that is necessary, and so cries out to his friends to come and see him die. Two cases have come to me for obliteration of the urinary orifice, where boys aged respectively sixteen and eighteen have cut off the penis to spite their parents, by depriving them of the hope of descendants.

The first of these cases only cut off his penis close to the pubes, but the second grasping the penis and scrotum in a bunch in one hand, severed all by a rigorous cut of a meat knife. I have now in the wards a man who, two weeks since to spite his debtors, deliberately chopped off his left arm with a meat knife, just above the styloid process. The wound through the flesh was fairly clean cut, but the bone was much shattered and had evidently received several blows. I amputated properly several inches higher up. Many instances have come to my notice of persons cutting off fingers to spite friends or relatives but only one case of self-inflicted gun shot wound. In that case the fellow was a thief and shot himself so as to be taken into our hospital, thinking it was the one place in the city where the officials would not search for him. He shot himself in the thigh causing a very painful but not dangerous wound. We suspected nothing but the officials finally got track of him and came for him. He, too, was on the alert and wounded though he was, having caught sight of a yamen runner in the front court, while that worthy was asking and obtaining permission to search the wards, made his escape over a back wall and eluded arrest for a month longer. Eventually he was taken, tried, convicted and beheaded. Gunshot suicides and wounds are perhaps rare because of the scarcity of weapons. After nine years of life in China, I have adopted the rule not to visit any patients at their homes who have mutilated themselves or been injured in a fight. I have several reasons for this course. 1st. The account of injuries is never correct and instruments, dressings, etc., carried along are never complete. 2nd. Usually a lawsuit results

from foreign interference, perhaps malpractice alleged. 3rd. Disrespectful treatment has been almost invariable, as the reputable Chinese physicians won't treat such cases and so the Western physicians are classed with those who are too anxious to get any kind of a case. If a wounded patient is brought to our hospital we always dress the wound and invariably take the case in if necessary, but in the last six months I have declined several times to visit patients of this sort at their homes.

Anger and hatred (induced usually by the inability or unwillingness to repay a loan) occurring in an individual unaccustomed to self-control, leads him or her to take the means most available to torment and often impoverish the offender. Usually very little regret is experienced after cooling down. My patients have mostly decided that they are to be pitied, coddled and praised for their courage and have done what was reasonable instead of something to be ashamed of.

Ignorance and superstition must give place to civilization and a true religion before these practices cease to happen. But the doors are ajar already and Japan will push them wide open soon, when we hope that our services will be appreciated, our message received and a widespread awakening to the truth, and all truth be the result.

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## MEDICINE IN CHINA.

By V. F. SUVOONG, B.D., M.D., *Shanghai.*

Medicine as practised by the Chinese is in a deplorable condition. As in every department in life in China, so here also, too much blind reverence is paid to old ideas. A Chinese doctor still talks learnedly of the mythical Shen Nung who first tasted the different herbs to find out their remedial virtues, which happened thousands of years ago, or which might never have happened at all but in the imagination of the later quidnuncs. As a general thing a very few Chinese medicoes are ever educated or know anything of such a book as Ts'o-pun, an old Chinese *Materia Medica*, while the vast majority of them know only how to write a few old stock prescriptions copied out of some antiquated document that came down to the family as an heir loom. I know one man who was engaged in the Kiangnan Arsenal as a petty overseer, who on being dismissed from his post was a long time out of a job; at last he made the acquaintance of a certain Buddhist priest who had a written copy of some secret prescriptions. He stole this copy, and after a few nights of application and research in that dirty dog-eared volume, he swung out a signboard informing the public that he was ready to guarantee a perfect cure for any ailment that humanity is heir to. This happened in Shanghai and

there are hundreds of similar cases where an ignoramus imposes on the public without being exposed to ridicule.

The better class of Chinese doctors have served their time in the office of their preceptors, who, however, never give lessons or readings in anything—indeed there are no text-books to go upon. They are more like assistants, who make themselves generally useful in an office where the anxious ones look over the prescriptions and listen to whatever their chief may have to remark on any given case. A Chinese medical student in the proper sense of the term has never existed. They are all charlatans, jealously guarding a few empirical ideas from the public.

In the neighboring district of Ching-poo there are two villages—Mang-ho and Tsung-ko—each having a family of doctors. They are celebrated all over China, and during a previous illness of the present Empress-Dowager, one of these doctors was called up to Peking, which was quite a feather in his cap, although not a peacock's feather! Her Majesty asked his opinion, but she did not ask him to prescribe for her, unfortunately, or perhaps fortunately! With her usual sagacity she would not lean on a broken reed. The patients that go to those places for a cure are generally well off in worldly means, so that they are either hypochondriacs, having been surfeited with the good things of the world, or are incurables in the eleventh hour of their existence. The one class come back better imagining the doctors did them good—really it is the journey that benefited them; the second class come back much worse from the fatigue of the travel, and die satisfied after having seen the most celebrated doctors in China.

I have never seen one who had either functional or organic disease that went to those places that was ever cured in the end; and I do not blame them for not being able to perform miracles, for under the present circumstances, to require intelligent treatment from a Chinese doctor is demanding too much.

One sometimes hears of the Imperial College of Medicine in Peking, the 太醫院, mentioned in the *Peking Gazette*. A foreigner on first hearing of it, is sure to make an egregious mistake from its high sounding name which leads him to suppose that it is some institution like the Royal College of Physicians and Surgeons in the West. It is only a handful of self-styled doctors like any of their brethren in Shanghai, except their good fortune has placed them in a comfortable position where they have nothing to do but to put on an air of being learned and skilful. Their anxiety however commences with an Imperial cough or colic. They have no lectures to give, as there are no students, and they need not write articles for medical journals, as there are no readers.

The Chinese apothecary does a large business, as can be seen from the many hongs and shops dealing in drugs in any city in China. The doctors prescribe large bowlfuls of decoctions for any complaint, so that a constantly ailing and dosing man is nicknamed a "decoction pot." That is their favorite method of dispensing, though pills, powders, &c., are not neglected. Consequently a druggist must have a large supply of herbs and roots on hand to meet the demand, and he ransacks creation for the odds and ends in his shop. If a man dies in China, it is not for want of medicines and drugs, but they are either inert or not intelligently applied. Of the inert drugs one may have some idea by looking over the advertisements in any of the Chinese newspapers published in Shanghai. I will mention one as an illustration: the advertiser in the Chen-fuh-lan-tang shop, which has offices in Canton and elsewhere in China. The thing advertised is honored with a wood cut in the newspaper, which represents it to be what in natural history would be called an ordinary lizard measuring a little over five inches in length from tip to tip. A free translation of the advertisement here will show the depth of darkness in which the Chinese mind is yet enshrouded in respect to medicine:—

"Recently Hongkong and the province of Kwangtung being visited by the plague the Provincial High Authorities have published a prescription called Plague Cure (辟疫丹) which is infallible. Our shop has already prepared this medicine for the two great benevolent institutions in Canton, where it has been used with invariable success. In this prescription there is one ingredient called (石龍子), Son of Stone Dragon, which is found in the 天竺南焦 mountains in the province of Chekiang. Through the agency of our branch office in Hangchow we have obtained a superior variety of this stony son of a dragon, and together with other valuable drugs we have made this mixture. During the compounding, we have reverently said a thousand prayers. Now we offer this medicine to the public. Herewith is an illustration of this stony son of a dragon as our trade mark. The medicine is not only unusually effective against the plague, but it is also infallible against different kinds of cholera, vomiting, diarrhoea, colic, apoplexy, sunstroke, asphyxia, typhus and typhoid fevers, ague, dysentery, liver and stomach aches, tetanus in children, surfeiting, small-pox poison, malaria, all sorts of tumors and inflammatory poisons, &c., &c. Shanghai being particular in its sanitation against plague, we have specially prepared this medicine as a valuable weapon in the hands of committees for preventive measures.

(Signed) CHEN-FUH-LAN-TANG.

I wonder who discovered such potent virtues in the little rascal of a lizard, which in its native province of Chekiang, as here, is always regarded with disfavor, and if it gets any attention at all, it is to be killed and burned, as it is said that its tail will cause deafness, if it gets into the ear, though I should think anything else would do the same if similar chances were offered.

For various female complaints and diseases what are called Dragon and Phoenix Pills are largely sold in the Canton shops. These are coated with wax, either white or yellow, and of the size of an English walnut. Their efficacy is of course lauded to the sky, but nearly every woman that I have seen in practice has told me that she had tried them and found no improvement therefrom. No doubt, they are composed of some such simple drugs as aloes, myrrh, &c., which if appropriately applied, of course, have their uses; but to make them a panacea for all the complaints of women, they fail egregiously. The Chinese druggists in their anxiety to make money advertise drugs that can even restore the virile power in a profligate, and cause the sterile to bear offspring. The vaunted nostrums have a seductive charm and play on the imagination well, as to be without children is a solemn thought even to the otherwise unthinking, for he may be deprived of support in old age, and when he dies his spirit will have none to sacrifice to him. After spending his youth in sowing wild oats, he on the shady side of forty, becomes anxious, and begins to invest in quack drugs to recall the power that is forever gone and that prematurely too. In his chagrin he accuses his wife for being barren and takes to other partners in life with the same result. But indeed the woman herself may be sterile, and often the cause of that sterility may be easily removed by a simple operation according to Western surgery; but here the recourse is in those pills of high sounding names which may be seen in large gilt characters flaring to the gaze in every city in China. The deluded souls never cry out in disappointment against the mercenary shops, as embarrassment and shame would recoil on themselves. Thus the harpies still continue to make money, and the stupid prodigal is at last punished when repentance is too late.

But there are stuffs which the Chinese druggists do conscientiously collect, and with much expense and labour, but which are nevertheless inert and useless:—as tiger bones, bear's legs, hart's horns, &c. Tiger bones ground into powder and used in plasters for internal injuries, bear's paws are boiled to a jelly and used as a powerful alterative for the weak and aged. Hart's horns are sawn into thin discs and boiled down and given for renewing wasted vitality. A young horn is considered as particularly valuable, when it is a little ruddy and somewhat translucent. I cannot make my old friends believe that its virtue consists in ammonia, any quantity of

which can be obtained almost for a song in a foreign drug store. They rather think I am a green horn myself and not particularly valuable either!

When every available drug in their reach has been pressed into service and found wanting then they resort to superstition, or if I may be pardoned, to a "faith cure!" Humanity is the same the world over. But the great danger is, that often the people resort to the fetish first and neglect a rational medication. In China it is largely so, and I cannot blame a man for catching at a straw while struggling in the water. Many years ago my eldest child, then a babe, was not to be pleased on any account, and in my absence one afternoon, my folks called in an old nun from a neighboring convent for consultation. She went through her usual mummary and incantation to exorcise some malign spirit from the child, and ordered that paper sycees should be burnt toward certain cardinal points of the compass, scattering rice on the ground where the child had been in the day time, offering incense, candles, &c., &c., not neglecting to take a few for her nonsense. On my return I heard of it, and expatiated on the stupidity of the idea. I just then thought of santonine, and immediately jumped up and got a dose of it and gave it to the child, and the next morning the enemy was all driven out far quicker than from Port Arthur, and peace was at once restored!

Unfortunately superstition often retains its victims long in its thralldom. But sometimes however it gives a sort of pleasant rounding to the recovery of an important member of the family, deceptive it surely is:—as for instance, a father gets well from severe illness because his filial son cuts a piece of flesh from his arm and puts it in the decoction pot to impart special virtue to it. Every year the *Peking Gazette* gravely makes an honorable mention of filial sons and dutiful daughters-in-law who have thus maimed themselves in their loving devotion to their parents. The efficacy of the human flesh in this connection is widely believed in by all classes here. A former manager once took me to task that foreigners are not affectionate enough towards their parents to do the same, or that they do not know the medicinal virtue of human flesh. I told him that all flesh is the same in chemical ingredients, whether human or animal, so that it is far more convenient and cheaper for a filial son to put a piece of pork in the decoction pot than to cut himself and make a fuss about it! He good naturedly upbraided me for being a foreigner at heart!

In the reign of Hien Fung in the early fifties there was a local rebellion in the Shanghai city, which a few senior residents no doubt still remember but too well. As a boy I was in the city. During that atrocious period many a man was slaughtered and butchered and his gall bladder was taken out and invariably swallowed by some savage chieftain with the idea that it would brace up his courage—this latter being said to reside in the gall. The Chinese word for bravery means a large gall (大胆.)

In the History of the Three Kingdoms mention is made of a distinguished General, who, on an eye being struck out, immediately picked it and said, "This is made of my father's essence and my mother's blood; I dare not throw it away," and forthwith he swallowed it.

These are instances showing that from time immemorial the people of China have a notion of the peculiar virtue of the human body. And not only so, but even excrementitious and effete matters are sometimes used. Thus solid fœces are selected and moulded into the shape and size of a chestnut and hermetically sealed in a jar and buried in the ground for a number of years. Then they are taken out again, when they have a gray colour and devoid of smell, and are then carefully covered with gilt and stowed away to be called for by some eccentric medico, when they are euphemistically denominated "Golden Beans." Their ultimate destination is the decoction pot, and the patient knows nothing of it while taking it. A human placenta is sometimes cleaned, cut up in pieces and given to a white duck to feed, and after a few days the latter is killed, its insides taken out and thrown away and the duck is cooked and given to the consumptive to take. Cat's placenta are roasted to ashes on a tile and taken in a warm drink, this also for consumption. Young boy's urine is taken in samshu and sugar, though parents generally object to this, having an idea that it will have a reflex action in shortening such a boy's life. Of course there are many other things infinitely more unspeakable that are, or may be used, in the despairing hope of life, but the above I know to be facts from personal observation. This category of outlandish remedies should not excite disgust in the enlightened, but rather pity and sympathy for poor humanity in its endeavor to seek a weapon to ward off the fell attacks of disease. It is sad to contemplate how even these lowly and wasted places of nature have been ransacked for an elixir to prolong this mysterious life.

But are there no Chinese drugs and remedies that are worthy to be rescued from oblivion? Certainly there are; it would be indeed strange that these thousands of years should have rolled by without leaving some practical hints and experiences behind. Indeed many Chinese drugs and remedies have already been naturalized in the Western pharmacopœias, such as rhubarb, camphor, mercury, mnsk, etc.; and there are some empirical methods that will surely reward a trial, but are either not known or are ignorantly sneered at because they are of Chinese origin, for instance:— When a child has either eaten too much or otherwise brought on discomfort to the abdomen, nothing is so effective as to put  $\frac{1}{2}$  oz. or 1 oz. of pi-sian in a thin cotton band and apply to the abdomen. By the next morning the stuff has almost entirely disappeared, very likely by absorption, evaporation and mechanical loss; the abdomen has subsided and the child is well. This stuff is native sulphate of soda, sold in all the Chinese drug shops for this purpose alone. This is a

pleasant way of using a cathartic which it most certainly is. It is easily done and effective, and done too all over China. Another empirical method is that of scraping or pinching the skin for mild cholera, sunstroke, etc. This consists of a cash scraping the back till it is striped like a zebra—only in red. It looks barbarous, but its effect is instantaneous. In the sickly months of the summer, when one feels out of sorts, with perhaps a touch of colic, then let his spine be first scraped clear down to the lumbar region, then down the median line in front and on either side of the ribs; he will feel the charm right away. Of course, this is nothing more than counter-irritation, it brings the blood to the surface and is redistributed. But no medicine in the British Pharmacopoeia can give such rapid and happy effects as this under the circumstances.

A milder method is that of pinching the skin of the neck till it is covered with red vertical stripes. There can be no mistake in these methods being useful, as I have experienced them myself many times in these nearly twenty years. I have often thought of bringing them to the notice of the profession as instances where nature unassisted by science has found a rough but reliable staff to lean upon in the hour of need. With the exception of these few gleams of phosphorescence, it is all darkness in the medical horizon of China.

But thanks to the self-denying efforts of the medical missionaries of all denominations, the healing art is now being taught in many parts of the empire. The names of Parker, Kerr, Meyer and others will ever be held in grateful remembrance in South China. While in the north there are medical students attached to the St. Luke's Hospital in Shanghai, the hospital in Soochow and also in the school of the Presbyterian Mission in Shantung; and no doubt there are many other places where a similar labour of love is being performed. The latest additional effort is the medical college in Tientsin under the immediate patronage of the Viceroy Li. All these institutions are the results of sincere prayer to God and a sign of the Christian's love to mankind. The young men that are more or less trained under their enlightened teachers will play a large part in the field of medicine in the country. But they are yet too few in number. Has not the time arrived for some united effort to establish a central medical college where such students may complete their studies in the sense that it is done in the West? China is the only country in the world where there is no large recognised school of medicine, where modern science should be enlisted in the battle against ignorance and fetish. The initiative lies with those who have already broken the ice in their several spheres of work. I do not mean to thrust this project as an additional burden on to their shoulders, but rather point to that as another precious jewel to be set in the shining crown that is waiting for them on high.

Being a Chinese, I am filled with profound humiliation that China, with all her boasted learning of classic memory, never gives a thought of pity to those that are wounded in her defence. The government truly needs a fiery trial for her purification, but the unhappy humanity under it deserves commiseration. It may be well for some to say that China ought to take care of her own sick and wounded: do they mean that if China does not, the Christians need not and ought not? It is remarkable that of all those that came to Christ for a cure none were refused, whatever the cause and origin of their complaint, and although He did say that it is not lawful to cast the children's bread to the dogs, yet He acquiesced in the appeal that the dogs do eat the crumbs that fall from the master's table.

The idea of the Red Cross Society is new to the Chinese, and the stupid ones naturally suspect its flag as some secret sign in collusion with the enemy, no wonder they would tear it down as they did at Port Arthur a few days ago. Such deplorable ignorance can only be cured by proper education—by putting the Red Cross idea in its true footing, by giving a status to medical men in the army and navy—in a word by doing as a civilized nation ought to do, thereby imparting courage to the men by the fact that if wounded they have the means of cure at hand. Every great nation in time of war leans heavily upon the medical staff for moral support. Such a medical school as above indicated will therefore confer an incalculable blessing on China not only in time of peace but also in the hour of war, and will prove to be the greatest land-mark of progress in the course of thousands of years in Chinese history, and its honour is due to the Christians from the West. The Chinese may blindly reject the Christian religion, but they have never refused the offices of the Christian physician; some may receive Christianity, but all will accept medicine.

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It has been my privilege to be in intimate association with medical mission work for nearly fifty years. During that time I have seen a vast amount of good effected by means of such institutions, and especially in connection with the well-known Chinese hospital in Shantung Road of this place, which though not strictly a missionary establishment, was originated and maintained for many years by members of the London Missionary Society. It was thought desirable that the hospital should be started as an expression of the goodwill of the foreign community, and that the current expenses of it should be defrayed in this manner. Such has been the case all along, and it is no small satisfaction to say that both departments, the medical and the missionary, have been carried on in perfect harmony and order during the many years that have intervened. The institution has been eminently prosperous in the case of the multitudes of men and women who have been in the habit of coming for medical relief, while it has furnished a splendid sphere for purely missionary work.

In the onward history of that work in China, the value and importance of medical aid, in connection with it, have come more and more to the front, and institutions have been formed far and wide throughout the country for this purpose. They are recognized as prescribed in the commission of our Blessed Lord, and in imitation of His own beneficent example. His miracles are not to be viewed as mere illustrations of His almighty power, but as evidences of His infinite love and compassion, and in this light especially authenticating His Divine mission, and we are constrained to say that these medical missionary institutions are, in measure, splendid proofs of the spirit and teaching of our Divine Christianity. Though, of course, at an infinite remove from the standard of Him whose name they bear, and in obedience to whose authority they have been formed, they are intended to witness for Him, alike in their single and united capacities. The one represents His gracious character towards the suffering and distressed by whom He was surrounded. "He went about doing good." The other represents the mission on which He

came, and proclaims the message of life and salvation which it was His part first to announce to the perishing and the lost. These two objects are what is arrived at, and happily attained in many instances, in connection with the work we are now considering.

It may be a trite observation, but it is no less a fact of the greatest importance, that the good effected by these institutions is of incalculable value. Tens of thousands of cases are from year to year brought under review, and receive a vast amount of medical relief, which could not be obtained by other means. Not only the extreme poverty of many of the sufferers, but the superiority of the treatment over the native style, are matters which claim for such institutions universal commendation, and lead them to be availed of as they actually are. The testimonies at hand of this kind are numberless, and warrant the expansion of the work as much as possible. It is also worthy of notice that the work in question is of great service in allaying the prejudices of the Chinese against foreigners. Whatever may be the occasion of it, whether their own natural high mindedness, or the conduct we have shown in regard to them, it is a fact that these prejudices largely exist and have been a serious obstacle in our international relations. There can be no doubt, however, that the institutions in question are well calculated to allay such prejudices, and to establish friendly connections with the natives, and have often proved useful in this respect. The Chinese are well able to estimate the value of such institutions, and to appreciate the relief afforded by them. In this way too, the ill will and opposition towards the other department of our work has many a time been removed by the skill and kindness shown within the wards of the hospital, and prepared the way for the attainment of results of far nobler character, than even the cure effected in the first instance. Still more, high authorities in the empire have expressed their approval of foreign medical science, and this is likely to be the case in an increasing degree. The current order of things forces this matter on their attention, and though little has been done hitherto, there is every prospect of its being the dawn of a new era in the administration of affairs.

We regard this, however, as subservient to the spiritual benefit connected with medical missionary work. It is designed specially to promote this object, and their conjunction has proved instrumental in attaining it in manifold instances. The one is made helpful to the other, and we are thankful for it. That it is not always successful is not to be wondered at in the present condition of things. It was so in the history of Our Lord. His ministry which combined both departments of the work in the highest degree was far from accomplishing all that could be desired, and so in the case before us. Be ours to walk in His steps, to follow His example, and we may be assured it shall not be in vain. As it is, such has largely been the

case. Not only are grand opportunities provided for preaching and listening to the Gospel, which would not be otherwise at hand, and in circumstances of a peculiar kind, favourable for the reception of the truth; not only have we the consciousness of observing the precept of our Divine Lord, and of imitating Him in some measure in His ministry on earth, we have numerous tokens of His presence and blessing on the work. Many alike in body and soul have participated in the benefits of these institutions, and in life and in death have borne testimony to their sanctified and saving effects.

We pen these lines at an interesting season of the year commemorating the advent of our Blessed Lord, and we ask what was the occasion of it, and how does it bear on our present subject? It was the grandest and noblest manifestation of God, and of man in relation to his fellow man. Christ was then engaged on a mission of unparalleled love and mercy to the world, in obedience to the Divine will, and which was in due time gloriously displayed in His ministry of life and salvation. But are we not free to say that the medical missionary work, conducted in a like spirit and for a like end, is an embodiment of that same ministry? It lays those engaged in it under the highest obligation to take Him as their model and example, and to consecrate their work and service in pursuance of the same blessed result,—the glory of God and the salvation of men. And more than this, as His ministry was the beginning of a new era in the history of the world, the originating power of a mighty moral and spiritual revolution, which is going at the present day, and will continue to go on, until it has transformed the face of the earth and brought mankind everywhere to submit to His sway; so the work in question, the counterpart, the continuation of that Divine ministry is destined, in answer to prayer and in fulfillment of the promise, to aid in the attainment of the end in view, when China shall break through the bonds by which she has long been enthralled, ignorance, error and superstition, and become a free, enlightened and Christian land. The Lord hasten it in His own time.

W. M.

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## "His Star in the East."

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"They saw the star" outshining in the darkness  
Wherein earth's kingdoms waited for their king :  
"They saw the star," and at the sight rejoicèd,  
And straight prepared their costly offering.

And strong in hope and love they took their journey,  
And simple faith that star would guide to sun ;  
Nor doubted when they found a helpless infant  
In manger cradle, that their goal was won.

So we, Christ's servants in this far-east country,  
Watching for day-break in long-darkened skies,  
May we not see a star of hope foretelling  
Of Sun with healing in His wings to rise ?

And though in Sinim's land is veiled His glory  
Our choicest treasures joyfully we'll bring,  
Incense of praise, and gold, and myrrh of suffering,  
Our love, our life, our all, unto our King.

Cheering our exile-Christmas with the promise :  
"A little one a thousand shall become " :  
By faith adoring, like those eastern sages,  
Redemption's Lord in Babe of Bethlehem.

ALICE JANE MUIRHEAD.

With the birth of Jesus an age in the world's history was closed and a new age began to be. God who had spoken to men by prophets, now declared Himself in His Son to whom the prophets had given testimony. Truths only dimly perceived before by the greatest seers at length were made to stand out clearly before the eyes of the most simple. The voluntary humiliation of the Son of God was an emphatic affirmation of the value of man. Deity incarnate, the child of a peasant Virgin, cradled in a manger, having no advantage of worldly rank or possessions, sent forth of the Father to be the Saviour of men, Christ rebuked the contempt of men for one another and the contempt of some for themselves. Not lowliness of station and not poverty, but sin is the evil to be feared and escaped, true greatness is not in position and not in wealth but in character; that is the two-fold witness of every Christmastide. The Incarnation is not simply an historical fact. A fact of history it is also a spiritual and redeeming force. A new beginning in the life of humanity dates from it, because it gives to man a new and nobler conception of himself and of his kind. It is possible to look at ourselves in such a way as to oblige ourselves to feel that we are utterly insignificant. The earth which we inhabit is one of the least of all worlds, having no glory at all among the stars; in some particulars we are inferior to certain of the animals, our strength is as nothing compared with that of the elephant, we are easily outrun by the horse, we cannot fly as the eagle or even as the sparrow; at best our years are few, our times uncertain, and our highest hopes of worldly honor and possessions are doomed to be disappointed either in their failure or else in their realization. But the coming of the Son of God in the flesh blesses and ennoble us. We are greater than all other creatures of God, for God claims us as peculiarly His own, entering into a near and holy relationship to us. All the worlds and eternity itself are ours, for God has given us Himself in Jesus Christ. Our worldly hopes are dashed that we may reach out after higher, better and more enduring good than the world supplies. To all that believe on Him who became the Son of man is the right and the power given to be in fact and deed the children of God. We gain the true knowledge of ourselves as we stand with open and reverent minds amidst the scenes of the Nativity. No longer can we yield ourselves up to the careless and drifting life of the worthless and graceless, when the *truth* of the Incarnation enters our souls, a holy and mighty purpose seizes us to walk as children of *light*. When we find God we find ourselves.

But a yet wider bearing of the Incarnation is perceived as soon as we feel the meaning it has for ourselves. At the manger-bed of Christ we learn the value of every other man, apart altogether from questions of nationality, colour, circumstances and condition. We can no longer hate or despise whom God loves and to whom He stands in holy and sympathetic relationship.

Nay, more, we are bound to do all that we can, by the full use of all our powers, for every child of man who is a child of God. To injure or slight a man is to strike at God in whose image he was made and who took his form in the person of Christ; to do anything to enlighten the mind, to comfort the heart, to supply the need, to heal the body of a man, from right and pure motives, is verily to render service to God. Where the leaven of this truth has lodged and worked great results have already followed. It has given birth to missionary effort in almost every land, it has built up great philanthropic institutions, it has destroyed feuds and animosities that else had themselves been destroying, it has fired innumerable hearts with the spirit of Christly self-sacrifice, it has done much to girdle the earth with love. And what has already been accomplished is only a hint, a prophecy, of what will yet be achieved. The song of the Angels on the plains of Bethlehem will surely fill all the earth with its music and gladness. As in the word of the ancient seer the coming and rule of Christ is connected with universal righteousness and peace, so shall it be in fact in the time to come. The Rod has come forth out of the stem of Jesse, the Branch has sprung out of his roots, and the hour shall strike when men shall not hurt nor destroy . . . for the earth shall be full of the knowledge of the Lord. At this Christmastide let us gather with the Shepherds around the cradle of the Infant of Days who is the Eternal God, and

"Learn more reverence, not for rank or wealth  
That needs no learning; That comes quickly,  
Quick as sin does! Ay, and often leads to sin;  
But for Adam's seed, man!  
Trust me, 'tis a clay above our scorning,  
With God's image stamped upon it,  
And God's kindling breath within."

JOHN STEVENS.

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### In Memoriam.

DR. LUCINDA GRAHAM AND MRS. MALCOLM.

The associating together of these two names under one sad heading is very fitting. Leaving the great Canadian land as these two ladies did, together, and embarking with all the steadfastness of life's purpose they entered upon their chosen work in China. They took it up together, they at His will laid it down together. There is something peculiarly pathetic in thinking over the few scant notes we unhappily possess in connection with this sad story. The unity of aim, of purpose and practically of calling, their single intent with regard to this vast heathen land, and then the pity of it all, the

early sisterhood in death. We make the following extracts from the few notes referred to:—Dr. Lucinda Graham who came from Ontario, Canada, graduated at the Toronto Women's Medical College. She came to China in 1892 in connection with the Canadian Presbyterian Mission, and was called to work in Hsing-chen, in North Hunan. She had for years desired to come, but waited on account of her health. That having improved she was accepted by the Board, and started, full of hope, on her work. Her health in China had been very good. She had not yet entered into active medical work, but had studied the language faithfully and diligently, and had made excellent progress; being much beloved by all who knew her. She died October 13th, 1894, of cholera, contracted whilst nursing Mrs. Malcolm, after only a few hours' illness, and whilst they were both, together with others, detained in Tientsin on account of the war. She was very bright and cheerful to the end.

Mrs. Malcolm who, as we have said, entered upon her mission work with Dr. Graham, had been in Japan during the summer on account of her health, but came back expecting to help her friend in her work to the best of her ability as a trained nurse. But her health failed, and she also succumbed to cholera October 21st. Her illness was borne with Christian fortitude, and throughout her whole life she was remarkable for her sweetness, gentleness and patience. Her end was peaceful and happy, and she left many comforting words for her sorrowing friends.

Mrs. Malcolm, Dr. Graham and Dr. Roberts all lie side by side in the Tientsin cemetery. "Give us grace so to follow their good examples that with them we may be partakers of Thy heavenly Kingdom."



Our *Medical Missionary Journal*, commencing in 1887, now completes its eighth volume, and with it ceases its present management, as the Association now constitutionally renews its corps of officers. In this eastern land of our adoption, one necessarily of ever recurring change, it is not so long, as years are counted, before we arrogate to ourselves in all kindliness of feeling, the assumption of being 'an old China hand.' So then may we, though in most diffident sense, bid welcome to those who now take office, and to him, our good old friend who succeeds us. Throughout our lengthened term of editorship (in the which we have ever realized our many shortcomings) we have almost in some one sense or other become associated with nearly every member of our ever increasing Association, and it is indeed with very much regret that we now have perforce to say good bye. The 'good bye' of old time significance, "God be with thee."

Now, may the 'old hand' touch upon other matters of deep moment to the Association as an *Association*. It has been recognized that the Journal is the bond which keeps us, widely scattered abroad as we are, together, and it is to emphasize this which leads us to supplement our few words of Farewell. Now patent to us all is the fact that this Journal of ours is still unique of its order, and with its very considerable backing of professional subscribers in the East, ought to be in plain English 'second to none' in point of interest with regard to original research: to say nothing of its being a medical missionary organ and supporter of its cause. Therefore may we not emphasize our appeal and urge those who have not heretofore seen their way to help us along to do so in the New Year. It may be recalled that some years since a desire was expressed that a series of papers should be written dealing with medical subjects for non-medical readers. Then and since we have been indebted to Dr. Hodge, who kindly carried out this excellent suggestion by publishing a valuable series of papers. Could not further subjects be suggested for writing so that he could continue the series? Then again—realizing as we do—the busy life of many of us, can we not now accentuate a former suggestion of ours? If it is too great an effort to elaborate an article surely a quarterly letter could be written. Such a periodical budget of chit chat would be most interesting and helpful. Our Journal travels far and wide, and if those who have opportunities of helping us would but join those who heretofore have made the support of the Journal a labour of love, to whom we tender our sincerest thanks for their help, it would soon become that which it ought to be, a thorough success. These few final words of ours are fraught with importance to the Association and its representative Journal. We have had our say—and before laying the pen down—tender our heartiest and kindest New Year wishes to the many who have been associated with us in years gone by.

## OFFICIAL NOTICES.

The following gentleman has been duly elected a member of the Association:—

John Cross, M.B., C.M. (Glasgow.)

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The votes for the election of officers of the Medical Missionary Association for the biennial term commencing February, 1895, have been returned, and thus far the result is as follows:—

For President—B. C. Atterbury, M.D.

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|---|--|
| „ | Vice-President, North China Division.....                    |
| „ | „ Shanghai Division.....                                     |
| „ | „ Wuchang and Hankow Division—C. J. Davenport,<br>F.R.C.S.   |
| „ | „ Canton and South China Division.....                       |
| „ | „ Fukien and Formosa Division—A. Fahmy, M.B., C.M.           |
| „ | Secretary—H. W. Boone, M.D.....                              |
| „ | Treasurer—E. Reifsnyder, M.D.....                            |
| „ | Six Censors—R. Beebe, M.D.....                               |
| „ | Editor of Journal—Sydney R. Hodge, M.R.C.S., L.R.C.P. (Lon.) |

*As only six voting papers* were returned to the undersigned, and several members of the Association received an equal number of votes, it is necessary that votes should now be called for to fill up the remaining offices.

S. R. HODGE, M.R.C.S., L.R.C.P., (Lon.)

*Hon. Secretary.*

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## HOSPITAL REPORTS.

PO-NA-SANG MISSIONARY HOSPITAL OF  
A. B. C. F. M., FOOCHOW, CHINA.

In the Twenty-second Annual Report of this work H. N. KINNEAR, M.D., the physician-in-charge, first mentions that the hospital is supported by voluntary contributions—largely local—and draws attention to the fact, that, with the silver dollar worth about fifty cents gold, it takes a great many to meet bills for medicines and instruments. Speaking of the medical students he says:—

"We have laid out no course of study at the completion of which we promise diplomas to the students. A course covering five years of study, with the comparatively little teaching that one foreigner in charge of a hospital can find time to do, would not be sufficient training in case of American or English students, and certainly less so in the case of imperfectly prepared Chinese students. In view of this fact, it seems best to let each student stand alone and be given a certificate of fitness to practice when he is properly prepared, and not after a certain number of books have been read or a definite amount of time spent. A system of preferment for successful examinations commends itself to our judgment and will be adopted when the time seems fitting."

That always fruitful topic of discussion among medical missionaries, the charging of fees, is fully treated. After the tabular statement of cases seen, operations performed and occupations of patients, come the remarks upon cases, from among which we take this:—

"One man came for a wash for a sore eye. He had fallen on his face two months

previously and could not understand why his eye had troubled him since. He understood the reason after we had removed a bamboo splinter an inch long by three-eighths of an inch wide, from outer side of the orbit, next to the eyeball."

Some most interesting notes on the opium habit in China close with:—

"In a village near the seashore was a boy whose duty it was to take his father's cows to the hills each day to find pasture. One day an opium smoker persuaded the boy to go with him to a more distant place, where, he said, the pasturage was better. When they reached the place the opium smoker killed the boy, drove the cows to another village, sold them and used the money to satisfy his appetite. The crime was soon discovered, and according to the usage of the place—usage is law in China—the family of the boy would have been justified in destroying all the property of the family to which the criminal belonged, and of killing as many of the family as they could. To avoid such catastrophe, the heads of the two families made and signed a contract, the opium smoker's family agreeing to deliver him to the other party to punish as they pleased, the family of the murdered boy, in turn, agreeing not to molest the remainder of the murderer's family. A day was set, and the family of the boy burned the murderer alive, in the presence of an immense crowd. As a consequence of the affair, the village elders prohibited the sale of opium in that place, and to this day the prohibition is enforced. It seems strange to us that parents should thus have the power of life and death over their children, but it is exercised in China. We recently learned of the case

of a boy who had formed the opium habit, gambled and stole, spent his father's money, and so disgraced the family that they decided to put him out of the way. So the father and mother each took hold of the end of a rope that was wound once around the boy's neck, and strangled him. In the previous report we noted a case where a young man who, through being an opium habitue, had become a vagabond and disgrace to his family, so that his father rubbed quicklime into his eyes and over his face. He came to the hospital to have us heal the large ulcerating surface left by the burn.

Hundreds of incidents like these occur as the natural outcome of the opium trade every year, but, being so common, attract little attention from the Chinese, and seldom reach the ears of foreigners. Whatever may be the responsibility of England and the Indian government in the matter, it seems time that all the most enlightened people of the world should act in concert to elevate the people of the east, and to prevent, as far as possible, the debauchery to which their beathenism makes them such an easy prey."

A list of contributors and the financial statement are appended.

M. H.

WILEY GENERAL HOSPITAL OF THE METHODIST EPISCOPAL CHURCH, FOOCHEW, CHINA.

The first annual report of this hospital shows that it is one which has met a demand, instead of needing as many must to make one. We congratulate the physician in charge, JAMES J. GREGORY, M.D., upon having missed the discouragements of the days of small things. This work opened with a fine hospital building, and good staff, and has received in its first year 506 in-patients, and had 14,714 visits to dispensary.

"There are seven students living in the hospital, who, besides receiving their re-

gular daily didactic and clinical instruction, take a responsible part in the operations, dressings, bedside work and out-patient department. They were received as students after passing a rigid examination, and the first, second, and third assistants, each have a small honorarium. These positions are filled at the beginning of each year by the students whose average of the preceding year's work is highest.

Each forenoon is devoted to the didactic instruction of the students, a carefully graded course of study having been mapped out at the opening of the hospital."

A list of operations performed and diseases treated is given, also a table of occupations of patients. A report from MARTHA I. CASTERTON, trained nurse, is annexed. The chaplain's report comes in a separate form and speaks of success in the evangelistic work as gratifying as that in the medical work. The chaplain, the Rev. DING DIONG-HSI writes:—

"The hospital has fulfilled the prophecies made and has actually become the strongest means we now have of bringing our people to a knowledge and a love of Our Saviour, Jesus Christ. It may be interesting to some to hear how we carry on our preaching and work for Christ in the hospital. Every morning at nine o'clock we with Dr. GREGORY's family, Miss CASTERTON, the students, servants and patients meet in the chapel. Patients are not obliged to attend, and it is most gratifying to see how well filled the chapel is each morning, and to notice the quiet, respectful attention given the service. I then read a chapter, or a portion of one, in the Bible and explain carefully and in very simple language the meaning of what I have read. We then sing a hymn, which all enjoy very much, and a prayer is offered closing with the Lord's Prayer."

"While these services are necessary and do good, still the way in which real interest is aroused in Christianity and by which these patients are brought to a

knowledge of our loving Lord, is through work at the bedside in the wards. I endeavor each day to see and speak to each individual patient at his own bed. Every day when I begin speaking to a patient about his soul and the importance of its salvation, patients who are able to be out of bed will gather around and in the most interested and earnest way listen to the conversation and discuss subjects touched upon. It is these face to face talks which give my poor benighted people a hungering and thirsting after righteousness, which can only be appeased by giving themselves unreservedly to Our Lord and Saviour. All who show special interest in our religion I ask to buy a Sabbath sheet of the gate keeper, by which they can know when it is Sunday; and then when one expresses a strong desire to really know more of Christianity, I record his name and place of residence, and when he is discharged from the hospital I send a letter by him to the pastor of our church in his village, telling him of his desire to become a Christian and praying the pastor to teach him the doctrine most zealously. If we have no church in his village I send the letter to the nearest pastor, either of our own or some other denomination. In this way I have sent out more than one hundred letters and am glad to say this method has borne precious fruits."

"I am rejoiced to be able to say that I know of one hundred and thirty people who have received treatment in the hospital and have now become probationers in our church; of this number seven (five men, two women) in Ku-cheng city have been baptized and are now full members of our church. There are others who have united in full membership at other places, either with our church or some other. For this our hearts rejoice, and we praise God through whom all things become possible even to the saving of these countless millions of my people."

M. H.

AMERICAN BOARD HOSPITAL FOR WOMEN  
AND CHILDREN. FOOCHOW CITY.

This medical work was suspended during several months of 1893, on account of the sickness and death of Mrs. LOI CING-HING, the student graduate who, under the superintendence of Miss HANNAH WOODHULL, had charge of the dispensary during the visit home of Dr. KATE WOODHULL.

"During her term of service of about eighteen months, there are recorded 7,142 treatments. She also made some outside visits. The hospital was not open for in-patients during my absence. The native fees, including those taken in dispensary and outside visits, amounted to \$146.50. Among the patients were nearly 1,000 treated for the opium habit. Most of these were cured, but alas! many of them have gone back to the old habit. However the interest aroused through this work was the means of establishing Christian schools in two villages. It also helped to call attention to the hospital. Has some one said that opium habit is not hurtful? One might as well say that poverty, crime, hunger, nakedness, physical and moral ruin are good things. To attempt to defend the opium habit is the most notorious instance of calling evil, good, of putting darkness for light, since the world was created. One could weep day and night, if it would do any good, for the misery it causes, even in the city of Foochow."

It is sad that three of the four students who have graduated from this hospital have died within two years of having completed their course. The remaining graduate is in private practice and doing well. Native women doctors do succeed well in private practice—would that there were more trained as this one has been. The present number of students is four—and two more expected in the New Year.

Dr. WOODHULL says:—"While in America I spent several months in the Clifton and Dansville sanitariums, and became very

thoroughly convinced of the efficacy of their modes of treatment. The thought was also impressed upon me that this treatment could be introduced into our mission hospitals. With the exception of the Turkish and Moliere baths the treatment is not expensive, aside from the wages of the helpers. As in China wages are so very low this would not be an objection. We have done a little on a very small scale, in the way of introducing these methods—baths of different kinds, stimulating rubs, stimulating packs, oil rubs, etc., into our hospital, and hope to do more in the future. Hot water, pure air and other hygienic measures are not as costly as drugs, and we feel that it will be a great blessing if our students learn to use them wisely and confidently in the healing and prevention of disease."

We heartily agree and wish all and rapid success to the doctor in this department of her work—in all—but this especially. A new physician, Dr. FRANCES E. NIEBERG, has been added to the staff. Miss HANNAH WOODHULL assists and superintends the evangelistic work.

M. H.

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ANNUAL REPORT OF THE C. M. S. HANG-CHOW MEDICAL MISSION.

"1893 has gone, but not I fear, illumined with brilliant events and noble deeds, still with the mark of honest work done and daily tasks performed with faithfulness. In reviewing the year, although we cannot speak of wonderful achievements, yet we have no ground for complaint, but every reason to thank God and take courage. The kindly light of love and practical sympathy has been shining, and a few have been helped and cheered; burdens have been lightened; the road of life made a little easier and smoother; helping hands have been held out to the fainting; broken hearts have been bound up; ignorance, prejudice and unreasonableness have been overcome, and the Gospel has been preach-

ed in word and deed, and souls have been saved. We have had difficulties, but have not looked at them through magnifying glasses or allowed them to dampen or discourage us. We have also made mistakes; year by year we find that we have much to learn and improve, still we have done faithfully what we could, and the experience of another year has contributed something to what we now enjoy, and will help us in the future to fill up our defects and correct our faults.

Our methods of work are much the same as those of previous years."

It is in this manner begins the report of one of the most extensive hospitals. In connection with the work is a leper hospital of which Dr. MAIN writes:—

"No provision is made for the lepers by the Chinese. Whenever they are unable to work they take to begging, in order to obtain a living, unless they have friends who are willing to support them. During the year we received 54 into the hospital. They come to us poor creatures full of faith and hope, expecting to be cured in a few weeks or months, and consequently we have some difficulty in getting them to remain permanently with us. After months in the hospital some of them get discouraged, because their disease is not cured, and go back to their homes. However the hospital is always full, and if we were to retain all who come to us we would require a much larger hospital. Some of those at present in the hospital have been with us since it was opened in 1892.

Treatment is unfortunately without much hope; however we do our best to relieve their symptoms, heal their sores and try to make them happy. They are taught to read the Bible and hear the Gospel explained daily, and we rejoice in its power to bring hope and comfort to the hopeless lepers.

During the year two became Christians, and one was carried off by death after a

severe attack of influenza. Will those who are interested in 'leper missions' remember us and our work in their prayers?"

The work for women, which is most successfully carried on by Mrs. MAIN, includes a little home for leper women. This was opened last year through the kindness of the "Mission to the Lepers in the East." Of the other work Mrs. MAIN says:—

"One year is very like another, and there is nothing very striking to record for the year under review. New patients come, old patients very often return, and there is little difference in the routine of hospital work. Sometimes difficult cases needing much care and attention, and giving us a great deal of anxiety, crowd together, so that the work seems sometimes too much for one, especially if after all our efforts the patient, who is by no means *patient*, leaves us before recovery takes place, and probably goes home to die, when it is most likely she would have got quite well with us. As a rule we are kept very busy, and rather welcome the days when there is less to think about and to do.

Several cases of opium smoking and insanity have passed through our hands. It is not at all satisfactory to treat insane patients in a hospital, although we have been able to do it with success in many instances. It is so sad to refuse help when something can be done for them, especially as the Chinese themselves treat this disease often in the most cruel manner, which generally makes them ten times worse than they might have been. We have had many exciting and piteous scenes within our hospital walls."

Surely all will try not only to remember, but to remember at the BEST PLACE and at the best time these poor lepers and insane and those who so bravely and patiently are laboring to help and comfort them. May the time come when throughout this land all the insane and leprous will be cared for as those in Hangchow now are.

In addition to the other duties in the training of the students, Dr. MAIN writes:—

"This branch of my work demands much of my time, and I gladly give it, because I believe no work is more important than the training of native medical missionaries. The need of an efficient native medical mission agency is an urgent necessity, and I feel sure no labour which we put forth for the attainment of it will be lost. The success that has already followed the work of those that have been trained by some of us, abundantly justifies the time and money spent in educating them. Much of the medical mission work of the future must be done by natives. We foreigners can never overtake the work that requires to be done."

The spiritual good of the patients is the chief end of those who work for them.

M. H.

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MEDICAL WORK OF THE W. F. M. S. OF THE  
M. E. CHURCH FOR 1892 AND 1893—  
1893 AND 1894. CHINKIANG, CHINA.

The Third Annual Report of this work opens with:—

"The powerful CHANG CHI-TANG and the Ma-chen magistrate had unconsciously quite a little to do in the way of agitating our medical canoe this year.

There were strained relations between us, and unfortunately the strain was chiefly on one side. We could not help it, but we forgive them, and hope it will not occur again."

Good examples of what the physician in the interior often encounters are thus told:—

Two of the confinement cases mentioned, requiring instrumental delivery, were among the boat people at Golden Island. The first woman was lying on the ground in an extemporized hut made of bundles of reeds (fuel) set on end with a mat covering. We insisted on the women procuring a bed, and after some delay the donor was

taken down from a shed near by and put on benches within the small enclosure.

The second was on a little skiff at the riverside, and so small that one could scarcely sit under the low awning.

A number of women were required to stand with umbrellas at the front of the rocking boat to screen us from the rays of the broiling sun, and also from the gaze of numerous observers, who cheerfully volunteered their services in that line. The operations were embarrassed for the lack of elbow room, but both cases terminated successfully.

Another confinement within the walled city was interesting from the extraordinary tenacity of life under trying circumstances. The woman was thirty-eight years of age in her tenth parturition, and when we were called had been in labor twenty days. The fetus macerated and malodorous was extracted with one hand; the woman dying the next day.

During the year covered by the fourth report practice was "sandwiched in between the sounds of saw and hammer and amiable chats with the workmen."

To those who have had a similar experience these words are sufficient, to those who have not had a similar experience no words will be sufficient to do justice to the situation. Regarding the opium question Dr. LUCY HOAG writes:—

"Among the many experiences there are none more distressing than those of opium poisoning.

We absolve ourselves from the useless task of trying to depict these scenes of indescribable horror, but would gladly exchange places with those who honestly consider the use of opium a soothing and innocent luxury and leave to them the gruesome labor of attempting to save life in the last hours of the opium suicide."

These very short and most readable reports close with these observations upon the evangelical work:—

"What shall we say of the evangelical work. In spite of the opposition of mandarin, priest and people the light of the Gospel is being disseminated by busy missionaries and Bible agents and by means of schools and medical work, and it is possible that in every crowd of a few hundreds in this vicinity there are those who have heard the foreign doctrine.

The patients in the hospital have daily instruction, and when able attend morning prayers and all the services of the Church.

They go away with a few concisely written books, some germs of truth, much kindly feeling towards the mission, and have certainly lost a pernicious amount of prejudice.

It would surprise one not living in China to see the superstitious fears of the people in regard to the Christian religion; their fear of eating food, lest they should take it in as poison in their tea and rice or of spending a night under a foreigner's roof, lest evil spirits should do them harm.

We are preparing the way for those who may follow and are looking for greater things even in our day."

M. H.

#### REPORT OF THE MEDICAL MISSION AT T'AI-YÜEN FU, SHANSI, NORTH-CHINA.

The Seventh Report of this hospital, which is in connection with the China Inland Mission, opens with the evangelistic work. E. H. EDWARDS, M.B., C.M., who is in charge of this medical work writes:—

"Though we cannot report any baptisms as the result of the year's work, several of the in-patients have expressed a desire to become Christians, and of one patient who died while in hospital we have every reason to believe he was a Christian. For the in-patients daily services have been held, to which they are invited. Owing to the smallness of our staff, we have unfortunately not been able to follow our patients to their homes; and, as many of them live at considerable distances, we lose

sight of them. The out-patients are spoken to in the waiting room, before being prescribed for.

We have been encouraged by the public profession of faith in Christ by a former patient, the daughter of an official. Though now 24 years old, she is still unmarried, as she is partly crippled by chronic rheumatism. Since her conversion, she has learnt to read, and does all she can to influence those in her home in favor of Christianity. In consequence, she has to bear not a little persecution of a mild form from servants and others in her home. Her father and mother are both very friendly, and allow her to attend the services fairly regularly, but will not at present consent to her being baptised."

During the year there were 7,032 visits from out-patients, of which 1,422 were women, among whom the physician in charge says: "The efficiency of our work has been greatly increased by the addition to our staff of a lady—Miss WHITAKER—who has had thorough training and much experience." The expenses of this work are defrayed by local contributions. Some brief notes upon cases and general remarks conclude with the request:

"We would ask all our friends to join us in praying for the Divine blessing upon our work, specially that voluntary workers may be raised up from among the Chinese."

M. H.

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REPORT OF THE NORTH-CHINA MISSION OF  
THE A. B. C. F. M.

The above includes the statistics of touring, dispensary and hospital work at Kalgan, Tung-cho, Pao-t'ing Fu, P'ang-chuang and Ling-ching. These Reports show that all along the line faithful and steady work is being done—which though it often seems uneventful to the physician in charge—must be full of event and blessing to many a poor sufferer who has sought and found benefit:—

At Tung-cho "the women not infrequently return to the waiting room after having received their medicine, in order to listen longer to the truth. One young woman, who spent some weeks in the hospital, declared herself a believer before her return home, and a relative of hers, who had aided in caring for her, was also converted and taken on probation."

In Pao-t'ing Fu "it is gratifying to know that many of these poor forlorn women find these moments spent in the waiting room the only quiet and peaceful moments of the day. Let us hope that in the time thus spent many may find rays of hope and comfort penetrating into their dark and cheerless lives. In this work Mrs. FU, the sister of Pastor MENG, has also rendered efficient service."

In P'ang chuang, "treatment of the opium habit by means of pills made to our order in America continues to be satisfactory. Such cases are not now received as in-patients, except where other treatment is required."

This mission adopted the following resolutions anent the opium practice:—

The North-China Mission of the A. B. C. F. M., wishing to add the weight of the opinion of its members to the general consensus of the world, in regard to the effects of opium upon those habitually using it, would say of their own personal observation of a large number of cases:

I. That it encourages a lamentable waste of time, and that it tends to vicious company and practice.

II. That while the smoking of opium in small quantities may be practiced for many years without definite evil effects upon health, the general tendency is to a gradual increase in the amount used, and that in such cases health does suffer, even in extreme cases, to a complete wreck of the physical system.

III. That it is very common for smokers to supplement the smoking by eating the

drug, or the ashes from the pipe which accelerates the physical evils.

IV. That many innocent persons are reduced to want and suffering by the dissipation of property by opium smoking.

V. That the habitual use of opium in any form enfeebles the will and establishes a craving which makes it a difficult matter for the user to break off the habit; this difficulty increasing rapidly with the amount of the drug used.

VI. That the above mentioned evils are by no means all that follow the opium habit; that these evils are generally recognized by the Chinese, both users and non-users of opium; the habitual use of opium being recognized by our Church members as incompatible with Christian character and Church fellowship."

M. H.

—  
 TWENTY-SIXTH ANNUAL REPORT OF ST. LUKE'S  
 HOSPITAL FOR CHINESE IN CONNECTION  
 WITH THE AMERICAN EPISCOPAL  
 MISSION.

From this Report which possesses in a marked degree the soul of wit we extract:—

"The work of the Hospital has been carried on without interruption during the past year, and we trust that a large amount of good has been done.

The Hospital is open every day in the week for out-patients, while in-patients are also admitted, going to the first, second or third class wards according to their ability to pay, or their own wishes in the matter. The third-class wards are free.

Dr. R. A. JAMIESON, as Honorary Surgeon, has continued his unremitting and valuable services to the Hospital. Dr. H. M. PERKINS has performed the duties of Honorary Dental Surgeon, and Dr. DUNCAN REID has conducted the eye clinic, thus giving much relief to a large class of patients.

The following table gives a summary of the work done during the year:—

Description.	Intern.	Extern.	Total.
Native Males ..	492	15,482	15,974
Foreign Males ..	10	187	197
	502	15,669	16,171

"The medical pupils have attended the Hospital regularly, and have received clinical instruction.

Daily services for the out-patients have been held in the chapel, in addition to the work done in the wards by the clergy who have regularly visited the patients.

The native assistants, Mr. ZAU YUN-QUEE, House Surgeon; Mr. KWONG YU-JUR, Apothecary, and WOH QUN-ZIE, the Head Nurse, have given satisfaction in the performance of their duties.

We have also to thank the Rev. HOONG NIOK-woo for the valuable services which he has rendered, by bringing patients to the Hospital, assisting in collecting funds for its support and helping in every way to the prosperity of the institution."

Some, non-medical persons of course, might class among the "limbs and outward flourishes" the table of surgical operations, statement of cases treated in the wards, names of foreign contributors and financial account which complete this compact report as uninteresting. This work, of which H. W. BOONE, M.D., has charge, is one of those which is entirely supported by contributions or donations. The Treasurer's Report gives a most satisfactory shewing. Again we extract:—

"Deposit in Hongkong Bank

(Building Fund) ..	...	\$600.00
Balance in Bank ..	...	99.61
„ „ Treasurer's bands		47.12"
By rent of new houses	...	485.09
„ cash from patients	...	227.69
„ Bank interest	...	18.47

M. H.

## CORRESPONDENCE.

THE GENERAL HOSPITAL OF THE METHODIST  
EPISCOPAL MISSION, SEOUL,

*Korea, November 30th, 1894.*

DR. PERCY MATHEWS,  
Shanghai, China.

MY DEAR DOCTOR.

It becomes my painful duty to announce the death from typhus fever of Dr. WILLIAM JAMES HALL of the Korean Mission of the Methodist Episcopal Church. He died on Saturday, November 24th, at six p.m., after an illness of ten days.

In the death of Dr. HALL the Korean work, especially at Pyeng-yang, has met with a great loss, for the opening of the work was due to his consecrated zeal and his medical skill.

Dr. HALL was born on the 16th of January, 1860, at Brockville, Ontario. Spent his boyhood days on the farm and later entered the high school at Athens, Ontario. At this time he had a severe attack of consumption, which nearly ended his life, but when on his sick-bed he promised God if He saw fit to raise him to health again he would devote his life to His service. The Lord answered his prayer, he was restored to health, and he decided to prepare for the mission field. Accordingly he entered the medical department of Queen's University to prepare for a medical missionary. At a gathering of student volunteers at Moody's Institute, Northfield, he met the director of the Medical Missionary Training Institute of New York city, Dr. GEORGE D. DOWKONTT, and at his suggestion came to New York in order to complete his studies. Here he entered Bellevue Hospital Medical College and completed a three years' course. After

graduating he took up medical missionary work in the lower part of the city among the poorer classes, and there preached the Gospel and healed the sick for several years, following the example of his blessed Master, "who went about doing good." He was ever ready to lend a hand to those in need, responding to calls at any time during the day or night in order to relieve the sufferings of humanity; gathering children in mission schools and teaching them about the Master, taking them by the hundreds into the country for a vacation during the hot weather and winning them by his consecrated life to the Master whom he served.

He was appointed to Korea under the mission of the Methodist Episcopal Church in 1891, and in Seoul associated with Dr. SCRANTON, had charge of the medical work in that city; later he was appointed to Pyeng-yang, one hundred and fifty miles to the north of Seoul, as the first medical missionary. He has built up a work there, which although he has passed away will continue to bear fruit. His consecrated life has been an inspiration to all of the missionaries here, but we feel our loss is his gain, and his closing testimony was, "I am sweeping through the Gates washed in the blood of the Lamb."

Very truly yours,

JOHN B. BUSTEED.

*To the Editor of*

"THE MEDICAL MISSIONARY JOURNAL."

DEAR DR. MATHEWS.

Inasmuch as the attention of our members has been called to the subject of the possible benefits to come from an affiliation

with the International Society of the Red Cross, and considerable interest was aroused in this connection, you may think it worth while to print the enclosed letter which I have just received from the President of that Society.

I regret very much that he does not think it feasible to recognize our Society in any auxiliary way.

It was evident of course from the first suggestion of the idea that the case was exceptional; as our position is unique in the world it would naturally not be provided for by precedents or anticipatory decisions, and if indeed it be entirely incompatible with the organization and methods of the International Society of the Red Cross, we must regretfully give up the project.

Very sincerely yours,

A. A. PECK.

—  
GENÈVE,

le 6 Octobre, 1894.

Monsieur le Dr. A. P. PECK, A.M.; M.D. à  
Pang-chuang, Post Office, Tientsin, Chine.  
MONSIEUR.

Miss CLARA BARTON m'a fait l'honneur de me transmettre votre lettre du 4 Août dernier, en me laissant le soin d'y répondre, son objet étant du ressort du Comité international de la Croix-Rouge, qui siège à Genève, et non de la Société Américaine. Je m'empresse donc de vous donner les informations que vous désirez. Malheureusement elles ne sont pas favorables à la réalisation de votre projet, mais il ne dépend pas de moi qu'il en soit autrement. C'est d'ailleurs ce dont vous pourriez aisément vous convaincre, en étudiant la brochure que je me fais un devoir de vous adresser.

Vous y verrez, avant tout, que nous ne pouvons reconnaître officiellement l'existence d'une Société de la Croix-Rouge dans un Etat qui n'est pas signataire de la Convention de Genève. Or tel est le cas pour la Chine. Tant que l'accession de la Chine à ce

traité (par l'intermédiaire du Conseil fédéral Suisse) ne sera pas réglée diplomatiquement, il existera une fin de non recevoir à la reconnaissance d'une Société Chinoise de la Croix-Rouge quelconque.

Jusqu'à présent nous n'avons rien fait pour provoquer cette accession, parce qu'elle nous semblerait prématurée. Nous ne croyons pas que le peuple Chinois soit assez civilisé, au point de vue des lois de la guerre, pour observer fidèlement la Convention de Genève, lors même que son empereur l'aurait signée. Des lors il y aurait témérité à remplir cette formalité et à contracter des engagements qui seraient illusoires. Mais peut-être ne partagez-vous pas cette manière de voir, et, dans ce cas, je vous serais très reconnaissant de vouloir bien me dire ce que vous en pensez.

Et maintenant je dois ajouter que, dans le cas où la Chine accèderait à la Convention de Genève, la société des médecins missionnaires ne me paraîtrait pas qualifiée malgré son importance et son utilité, pour être affiliée à la Croix-Rouge. Nous ne pouvons reconnaître qu'une seule société par Etat, et cette société doit avoir un caractère *national*; or, la votre étant composée exclusivement d'étrangers, ne remplirait pas cette condition essentielle. Je ne crois donc pas que, le cas échéant, le Comité international puisse songer à vous "reconnaître" comme vous le souhaitez.

Je suis tout disposé, Monsieur, à vous fournir, si vous le désirez, de plus amples renseignements sur la question qui vous intéresse, et je vous prie d'agréer l'assurance de ma considération distinguée.

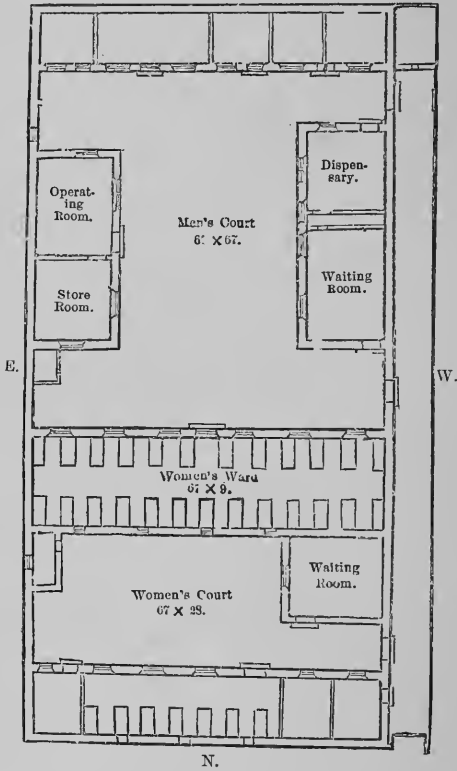
G. MOYNIER,  
Président.

[Suffice it to say that the brochure to which M. MOYNIER here refers, and which we beg to thank Dr. PECK for forwarding us, simply and at once officially disposes of any affiliation scheme with regard to our Association and the Red Cross Society. Putting aside our ineligibility upon grounds



S.

PLAN OF L. M. S. HOSPITAL, HSIAO-CHANG, NORTH CHINA.



which are purely technical, there remains the one inexorable fact, and the one sad admission which we must all endorse "le peuple Chinois ne soit pas assez civilisé," etc. When, some while since, this matter was mooted, we heartily sympathized with our friends Drs. COLTMAN and PECK, but while doing so, could but, and did, question the *practicability* of a suggestion, which under ordinary conditions was so admirable a one. Phases of the present lamentable war—if war, indeed, it can be called—the *firing upon the Red Cross at Port Arthur*, and other sickening detail, have but verified our fears and dulled our sympathy. Whatever palliation may exist in the Japanese mind with regard to the cause of the war, we cannot forego contrasting in this brief comment, the two conflicting countries. On the one hand, the Japanese respectfully declining the services of the Red Cross Society, already having an army medical service, sufficing for every need. On the other hand, China.....Yes indeed "we must regretfully give up the project" and await, what we believe this war will bring about, brighter and happier days for this, in all truth, great uncivilized land.—ED.]

CHI-CHOU MEDICAL MISSION,  
c/o LONDON MISSION.

TIENTSIN,

Oct. 4th, 1894.

DEAR DR. MATHEWS.

Our brother and worthy secretary "went for me" some time ago for not contributing more to our Journal! A fellow can't make butter if the cow yields no milk! Thus when anything interesting *does* turn up I endeavour to add my humble article to our illustrious magazine.

We have just been undergoing a heavy trial. Our little daughter has been almost at death's door with diphtheria (epidemic), but our gracious Heavenly Father who has told us to "call upon Him in the time of trouble and He will answer," spared her to

us. The poor Chinese are dying by the dozens all around us, and as for malaria, a result of the recent heavy floods, we are simply baling out quinine daily.

I have sent you a hospital plan, which if you could get copied to go with account of the opening might endeavour to throw light on the minds of readers as to locality of rooms, etc.

Believe me,

Yours very heartily,

SEWELL S. MCFARLANE.

*Opening of the Chi-chou Mission New Hospital.*

Commenced ...	May 9th, 1894.
Completed ...	Aug. 31st, "
Opened ...	Sept. 13th, "
Cost ...	Tls. 2,000.
Accommodation: Male 35. Female 15	
Total 50.	

A long felt want has at last been met through the generosity and kindness of our Society, L. M. S. The alternative of stowing away patients in the coal cellar for lack of accommodation is a thing of the past. A substantial and commodious hospital now occupies the spare ground adjoining our new premises, and nestled as it is amongst the trees presents a picturesque sight. When completed, the opening day was eagerly anticipated by many.

Neighbours of the surrounding villages to show their goodwill raised subscriptions towards a presentation tablet in true Chinese style, whilst we, in return, prepared a feast on the reception day.

To cater for 380 guests, representing 160 different families, was no small undertaking. Three special cooks were hired for the occasion. Hearing a great conclave in the new eye ward I found it proceeded from the throats of 41 fowls, whilst in another corner of the yard were a number of pigs awaiting execution. The sight reminded me very much of the preparations made by the South Sea Island natives on the arrival of the "John Williams." It may be interesting to note, en passant, that the Chinese,

after they have killed a pig cut a small hole in the skin of its hind leg. Here they insert a long iron rod hypodermically and pass it up and down in all directions. They then place their mouth to the said aperture and inflate the skin, till it becomes as tight as a drum. The pig appears twice its original size. This plan, they claim, greatly facilitates the final scraping process in hot water. The sight to my mind suggested a favourable case for tapping!

The eventful day of Sept. 13th arrived, and as regards its temperature is best described in the lines of Doddridge's hymn—

.....“No clouded sun,  
But sacred, high, eternal noon.”

Our flag-staff was alive with bunting. First a *yellow* silk sash represented China, then a large Union Jack, presented to us by a captain of one of the coasting steamers, below which were displayed home-made flags of all colours.

Promptly at 10 o'clock a procession was formed at the front gate, consisting of preachers, converts, hospital employés with my wife's school girls in the rear. Heading the column was a foreign contingent led by my colleague's little daughter, DAISY REES, the heroine of the hour, adorned with sashes of blue and red silk and carrying the key suspended by red ribbon.

Arriving at the hospital entrance the door was unlocked by two chubby little hands, and the Chi-chou Mission Hospital was formally declared open, at which a “royal salute” was fired! The opening of the Tower Bridge was nothing to it.

When all had assembled in the waiting room a short dedication service was held. The recollections of that memorable season and the earnest words addressed to us will not soon be forgotten by those present. Half an hour afterwards the guests began to arrive in a steady continuous stream, each village bringing its presentation in the shape of a beautifully engraved tablet. Three of these shone out in large gilt characters on a black background. A

fourth was painted with vermilion characters, in white relief, whilst the lettering of a fifth stood out prominently in blue colours on a white board. Great exactness and precision was taken in putting them up, when finally, like the unveiling of a statue, the light yellow paper covering was torn off, revealing the tablet in all its beauty. Others brought with them gifts of scrolls with silk hangings.

Three hundred and eighty sat down to the feast, in the midst of which my colleague and I wandered leisurely from table to table, thanking the guests for their presence and entreating them to eat more heartily. This hint they eventually took, for I began to wonder whenever they were going to stop!

The feast over I gave a short entertainment, including a few conjuring tricks and chemical experiments. The galvanic battery took their fancy most. Parties of twenty came forward at a time and joined hands, when a fairly strong interrupted current was turned on, convulsing both performers and audience, the latter with laughter.

Extracting coins from a basin of water created endless amusement, for now and again a portly celestial would come forward “who knew all about it,” and even ventured an explanation to his countrymen. He returned to his seat a sadder but wiser man.

The hospital is a substantial brick building situated on the E. side of our premises and built in two blocks, one for male one for female patients, each having a separate compound, waiting room and dispensary.

The women's ward contains one long k'ang capable of accommodating 15 patients comfortably.

The men's ward is larger, and possesses 25 separate k'angs for as many patients.

To the south is an ophthalmic ward for 10 persons, making accommodation in all for 50 patients. On either side are students quarters and out-houses.

To the east is a spacious drug room with a light, well ventilated operating room adjoining. Opposite these are our dispensary and waiting rooms (vide plan). A long alley, 7 feet wide, separates our compound from the hospital. One great advantage of the new buildings is their immediate proximity to our premises.

We live in a locality amidst superstition the most gross, idolatries the most vile and ignorance the most debasing, so that sympathy with the suffering humanity around us has again and again proved the key to unlock the hearts long closed by ignorance and prejudice against the truth.

May this new acquisition thus prove a great stimulus to our work, and our constant prayer is that patients who come merely seeking relief from bodily sickness may, during their residence with us, hear of Jesus of Nazareth, the mighty to save and return home with the double cure—healed in body, saved in soul.

SEWELL S. MCFARLANE.

Chi-chou, 4th October, 1894.

BOSTON, MASS.,

October 13th, 1894.

To the Editor of

"THE MEDICAL MISSIONARY JOURNAL."

DEAR SIR.

I would like to ask any of my medical brethren in China who have observed cases of xeroderma pigmentosum to send me reports of such cases. Please give details as far as possible, as to family, personal and clinical history, treatment, result, etc. I shall be pleased to give due credit in the tabulation to each person sending reports.

Of this disease there are only about sixty cases on record. First recognised and described by Kaposi in 1870 it was by him called xeroderma pigmentosum; and this is the name used in Great Britain and in the Continent. The American Dermatological Society has decided to call it melanosis lenticularis progressiva, which more accu-

rately describes the appearance and course of the disease. This week it was my privilege to see two cases (from the same family) in the clinic of Prof. White at the Massachusetts General Hospital. I believe that I have seen this disease in China, although not able to fully recognise it. Hence I ask for data on the subject from any who may have had such cases under observation. I also suggest that the study of the pathological anatomy as well as of the origin and cause of the disease will be both interesting and profitable.

Until next June I may be addressed "c/o Harvard Medical School, Boston Mass., U. S. A."

Faithfully yours,

GEO. A. STUART, M.D.

S. S. Oceanic,

November 17th.

DEAR DR. MATHEWS.

I promised to write you a letter for the Journal on board ship, "wind and weather permitting." This was rather a necessary proviso, as I cannot boast of being a good sailor, and so far wind and weather have not permitted. Now we are approaching Honolulu, and are rejoicing in a fairly calm sea after our late stormy experiences, so I will make a beginning, but I fear it will not be in time for the December number, but will have to wait for a later opportunity. Perhaps the best thing I can do is to give you a short record of my last broken year in China. After a long and very uphill struggle to establish a medical mission for women alone, in a rather retired part of Peking, where hospitals for both sexes abound, I was beginning to see marked signs of progress and of the goodwill of the people in our neighbourhood, when an abrupt end was put to my labours by an order for immediate departure from the British Legation. There was a good deal of panic in Peking at the time. The Chinese had assumed a more than usually hostile

tone, and there were rumours that they intended to kill all the foreigners, as soon as they had an opportunity. The opportunity seemed not far off. The Japanese army might be already on its way to Peking, or if not it was likely soon to be so. Should it arrive within reach of the city the probable result would be that the emperor would fly. The Yamèn would not be able to control the excited populace which, combining with disorderly bands of Chinese soldiers, might wreak its will upon the foreigners and their homes. Whether these predictions will ever be fulfilled remains still to be proved. After we left, until I got beyond reach of news, all had been quiet in the city, and to all outward appearance we ejected ones might have continued to work peacefully at our posts for some time longer at all events. It was with great reluctance that I obeyed the fiat to throw up my work, knowing that whenever I may be able to return to it again I shall find the work of years undone, and have almost to make a fresh start. Not caring to be a homeless wanderer in China, and being within a year of furlough, I decided it would be the best economy of time to take a year's absence now rather than later, so here I am on the broad Pacific.

This year had not been without encouragement. The number of patients seen during  $7\frac{1}{2}$  months exceeded those seen during any one year previously. In the spring typhus and relapsing fever prevailed, and I had good opportunities of diagnosing the two diseases. It was rather interesting to me, as relapsing fever had hitherto been known to me only from books. My first cases of this disease were a man and wife, who lay prostrate side by side on the k'ang. There were five children, of whom four had just recovered. The man had been out of work for some time, and they were in the depths of poverty. The woman was eight months' pregnant, and on the 2nd day she gave birth to a still-born child. The

mother was much exhausted, and twice sent to say she was dying, but she pulled through with the help of stimulants and nourishing food, which of course I provided.

At first sight I pronounced the disease "typhus," but after 7 days of very severe illness, temp.  $105^{\circ}$ , great prostration and severe pains all over body, the symptoms suddenly disappeared, and the man got up and began to prepare food. Two or three days later a message was sent that they had both got the fever again, and I found them precisely in the same condition as before. This first relapse lasted five days, and was followed by a second, lasting four, after which both patients made a good recovery. The child who had escaped previously relapsed once. The petechial rash is easily distinguished from that of typhus fever, but might be mistaken for the mere result of mal nutrition. Amongst other interesting cases I may mention two obstetric operations, one of forceps delivery in a case of prolapsus uteri, when the pains simply forced the uterus beyond the vulva, but had little effect on the advance of the head. The os was sufficiently dilated to pass the forceps within it, and this was done, the uterus being replaced and kept within the pelvis while traction was made. The patient recovered well. She was persuaded to keep the recumbent position for a month after delivery, and I advised her to come and see me if the trouble returned, but I saw no more of her.

The second, just before I left Peking, was a case of prolapse of arm and cord beside the head, which was pushed to one side. The patient, a multipara, had been in labour two days, and the waters had long drained off. The child was of course dead. I gave her chloroform and rectified the position, then left her for a time to see if the case would terminate naturally. Finally, as she was rather worn out, and begged for speedy delivery, I delivered with forceps. She recovered without a bad symptom.

Amongst hospital cases I may mention removal of fibroid polypus from uterus and a case of atresia vagina, treated by incisions and subsequent dilatation, the woman becoming pregnant afterwards, unfortunately too late, for her husband divorced her, not knowing her condition. She was deformed, and he was glad of an excuse to get rid of her. She came to me and begged me to take her in and keep her, but as you know we feel helpless in these cases.

In the spring I paid a very interesting visit of a fortnight to Yung-ch'ing, an out-station about 50 miles off, where we have a church, and for a great part of the year a resident priest. It was my first visit, and I was very warmly welcomed. The men's waiting room was given up for a time to serve as dispensary, and the Christians did their utmost to assist me.

During ten days there were 650 attendances, all women and children, and towards the end numbers had to be sent away. I operated successfully on one case of cataract and removed an epitheliomatous tumour from the thigh, besides a good deal of minor surgery. Eye diseases abounded, and malaria in all its forms. My spare time was taken up by visits to the villages

and classes for enquirers and communicants. Everywhere I was warmly received, and the people were eager for instruction. I could not help contrasting this condition with the indifference in the city, and wishing that the barriers to women's work in the country could be removed.

Though my work has hitherto lain chiefly amongst the poor I have had some interesting visits to people of the upper classes. On one occasion I visited the head mandarin's wife in a village some distance outside Peking. They sent their cart for me and a mounted escort. As it was the hot weather I remained during the heat of the day, and was entertained with a feast, music and theatricals. They invited me to come and stay with them when I wanted a change from the city. I paid two visits, and hoped to have seen more of them, but my summer visit to Chefoo intervened, and I had not been back very long before the final expulsion.

I hope the little I have been able to tell you will be interesting to some of your readers, and that I may be able at no very distant period to resume the work so summarily brought to a close.

Yours very truly,

ALICE K. MARSTON.



## MEDICAL PROGRESS.

## THE USE OF CHLORINE GAS IN THE TREATMENT OF CHRONIC ULCERS OF THE LEG.

Dr. E. DIVER (*Med. Press & Circ.*) has given a paper on this subject at the Clinical Society of London. The cases of two aged widows in the lower ranks of life formed the subjects of treatment. The gas used was formed by pouring about 2 drachms of potassium chlorate, dr. i or more of HCl in a pickle or marmalade jar, the outside of which was covered by brown paper. After this a disc of white paper was introduced, and on top of the paper a sufficiency of absorbent wool; a large cork was then fitted to the neck of the jar. The wool, yellowish green on the surface when at first exposed to view, was then placed over the ulcer in each case, and quickly covered by gutta-percha tissue; then the patient was left to do in the way of bandaging or covering what she had been used to. No rest was enjoined. The gas was probably chiefly Cl with some peroxide of Cl in mixture.

Patient H. had on commencing treatment a varicose ulcer on each leg, between the calf and the ankle. Both steadily improved under treatment and the left was well by the 28th January, 1894, having been under treatment eight weeks, and the dressing having been applied three times weekly. This leg had never been healed for 25 years; and at the time of commencing treatment was over 2 inches long by nearly 2 inches broad. The second ulcer is now nearly well, but its progress was impeded by an accident, and by several other circumstances.

Patient A. had a large annular ulcer which originated in a cat bite some 20 years

ago. Its boundaries were from a little above the ankle to near the middle of the calf, and were very deep. This was treated in exactly the same way, and soon its ashy surface showed granulations, which went on increasing until the level of the skin was reached in the middle of January, after six weeks' treatment. Since the ulcer has maintained its granulations, and narrowed very considerably its area; and is now steadily improving. The patients were exhibited to show their present condition, and drawings of the ulcer in patient A. were shown to illustrate its appearance on the commencement of treatment, and on the 7th of April last.

The author goes on to say that he had been led to try chlorine gas by observing the extraordinary way in which it increased the germinating power of poor samples of barley. This had induced him to employ it as a local stimulant.

## INFANTILE THERAPEUTICS.

LUZET (*Arch. Gén. de Méd.*) gives a critical review based on the work of LE GENDRE and BROCA. The special points really consist in the phases of development in the infant, in the special feature of disease which here proceeds rapidly towards aggravation or recovery, and in the physiological peculiarities of more active metabolism, of more rapid absorption and circulation, of intact emunctories, and of a more impressionable nervous system. In regard to feeding, the regular increase in weight must be relied upon. A tuberculous nurse must not be employed, for if bacilli do not pass out with the milk, toxins can;

in addition, the milk is less rich in fat and casein. Overfeeding the nurse must be avoided. Of course, artificial feeding is only a method of necessity. The milk should be sterilized by means of steam under pressure. The therapeutic bath is used to reduce temperature; the bath is then gradually cooled down from 2° F. below the child's temperature to 30° F.; it is useful in enteric fever, severe scarlet fever and cerebral rheumatism. The bath with increasing temperature is of value in collapse, such as occurs in diarrhoea; it may also be a vehicle for certain medications. More strictly therapeutic measures are then discussed in the following order:—

1. Evacuating medication. The stomach-tube is very useful, as well as intestinal injections and emetics. Apomorphine is dangerous.

2. Promotion of excretions. The best diuretic is water. Large rectal injections of cold water constitute a good method of inducing diuresis. In uræmia, icterus and all intoxications large injections are useful. Cold baths are also of service in increasing renal excretion. Digitalis is well borne by children. Diaphoresis is best obtained by physical agents,—heat, wet sheets, hot drinks. Diuresis is more efficient than diaphoresis.

3. Sleep should never be interrupted in disease, with very few exceptions. It may at times be necessary to induce sleep. This may sometimes be done by removing something which interferes with sleep. Physical agents are again the best means, such as tepid baths, etc. Opium requires caution; chloral is useful; bromides and antipyrin may be of service.

4. Fever is controlled by external agents,—baths, etc. Quinine, antipyrin and sodium salicylate may be useful adjuvants.

5. Food is the best tonic. Alcohol is the best stimulant.

6. Antiseptic medication plays a very important part in infantile therapeutics. Car-

bolic acid in any form must be avoided. The mouth should be cleansed with alkaline lotions. Glycerin is a good non-fermentable medium. Antisepsis of the stomach may be procured by washing it out, and together with the intestine, by the use of bismuth, salicylate, salol, etc. Calomel is a powerful intestinal antiseptic.

#### APPLICATION OF ICE TO THE HEART.

Dr. JULLIEN of Saint-Lazare has published (*Med. Press and Circ.*) an article on the advantages of applications of ice to the heart, increasing its tone and vigour. Called to a young girl who was suffering from typhoid fever, he treated her by the BRAND method, but to little purpose, as the cold bathing did not have much effect on the temperature. The patient grew rapidly worse, the pulse beat was 160, and the temperature stood at 103°; death was imminent. At this point the idea came to him to apply a bag of ice to the heart. Fifteen minutes afterwards the number of pulsations diminished and their strength increased; if the ice were removed the alarming symptoms returned. Consequently the ice was continued for several days, and the patient made a good recovery.

#### A PRESCRIPTION FOR ASTHMA.

The following prescription is given by the *Journal de Médecine de Paris* for May 6, 1894:—

R Chloral,  
Iodide of potassium, of each, gr. xxx;  
Water, oz. iv;  
Syrup of bitter orange, dr. vi.

1 to 2 teaspoonfuls three times a day.  
Antipruritic oil:

R Acidi carbolici, dr. i to dr. ii;  
Liquor potass., dr. i;  
Ol. lini., oz. i.  
M. et adde ol. bergamot, q. s.

Sig.—Shake before using.

—*British Journal of Dermatology*, July, 1894.

## AN INJECTION IN DYSENTERY.

R Boric acid, oz. ss;  
 Tannic acid, gr. xlv;  
 Tincture of opium, gtt. xv;  
 Water, Oi.

To be given after a dose of castor oil for the purpose of washing out the bowel.

## COLLODION FOR RHEUMATISM.

The following prescription is recommended by the *Journal Médecine de Paris* for May 6, 1894:—

R Salol,  
 Ether, of each, 4 parts;  
 Collodion, 30 parts.

To be painted about the painful and inflamed joint.

## THE TREATMENT OF INFANTILE CONVULSIONS.

Dr. A. F. PLICQUE states (*Gaz. Med. de Paris*:—*N. Y. Med. Jour.*) that whatever may be the cause of the convulsions which may be investigated subsequently, action must be taken at once. It is well to use inhalations of ether as an antispasmodic, since that drug can almost always be obtained without loss of time. The bowels should be emptied if necessary by means of an enema containing salt (a tablespoonful of salt to a glass of warm water.) This enema is to be preferred to those of more complicated constitution, because they require more time for their preparation. To keep up the antispasmodic action of the ether, Dr. J. SIMON advises an enema consisting of twenty drops of tincture of musk, five grains of chloral, and two ounces of warm water. This is intended for a child from three to six months old. The dose of chloral should be not more than four grains for a child under that age, and may be increased to fifteen grains for a child a year old. The following is a suitable antispasmodic draught: Potassium bromide, fifteen grains; tincture of musk, twenty drops; syrup of ether, a drachm and a half to two

drachms; syrup of orange flowers an ounce; linden water, four ounces. Until the child has passed water abundantly there is danger of further convulsions, and he should be watched closely.

## HOT BICHLORIDE FOULTICE.

ROOERS (*North-western Lancet*, June 15, 1894) warmly commends, in the treatment of variously assorted septic conditions, bichloride poultice after incision and for drainage. Where this is necessary, the affected part is splinted and is completely enveloped in hot bichloride gauze, or cloths wrung in a hot 1 to 3000 bichloride solution. Over this is placed a thick layer of absorbent cotton wrung out in the same solution. The whole is entirely covered by a pad of oiled silk, retained in position by a roller bandage. He holds that wherever the ancient flaxseed poultice is indicated, the bichloride can be substituted with eminently more satisfactory results.

## RUBBER-TISSUE GLOVES FOR PROTECTING HAND DURING OPERATION, ETC.

Dr. MORTON calls (*N. Y. Med. Jour.*) attention to thin rubber gloves for general surgical purposes and for handling strong solutions. He had found these rubber-tissue gloves extremely useful in handling offensive cases. With them it became a pleasure to make rectal examinations, because the skin of the hands did not become saturated with fœtor, and it was wonderful how many more examinations one made. Also in handling strong solutions, or even in operating in septic cases they had an excellent field. The rubber was so very thin that it interfered very little with the tactile sense. As a rule, they went on with great ease and came off readily. He thought them of great value when handling morbid growths or making post-mortems where it was possible to be inoculated. They bore steam sterilization and soaking in strong solutions of carbolic acid or bichloride of mercury.

## ANTIPYRINE AS A HÆMOSTATIC.

In the *Mercredi Médical* for June 17th M. PÉRIER urges upon our attention the hæmostatic properties of antipyrine dissolved in its own weight of water. During an operation of laryngotomy for the extraction of a foreign body, he says, it sufficed to press upon the wound after each stroke of the scalpel a little wadding soaked in this solution to cause all bleeding to cease, and it was found necessary to apply only two hæmostatic forceps. In staphylorrhaphy also he has found the employment of this agent to abridge the duration of the operation a great deal, and in other circumstances, where ESMARCH'S bandage was equally inapplicable, the same advantage was obtained. Moreover, he adds this important point, that the employment of this powerful agent did not interfere with primary union. The hæmostatic properties of antipyrine have been remarked before, but, except in epistaxis and some metrorrhagias, the drug does not seem to have been used to any great extent for this purpose. If further experience corroborate the testimony of M. PÉRIER, its extensive employment may be confidently expected.

## ERGOT FOR NIGHT SWEATS IN PHTHISIS.

GOLDENDACH thinks (*Deut. Med. Woch.—Brit. Med. Jour.*) that the night sweats of consumptives are not simply due to fever, and that their real cause has not yet been fully explained. Many remedies have been recommended for them—quinine, acetate of lead, atropine, hyoscin, brandy, rubbing the body before sleep, or using the powder composed of starch, talc, and salicylic acid. Most of these GOLDENDACH has tried and found wanting. On considering the part probably played by the vasomotor nerves, he determined to try the effect of ergot against night sweats, and in most cases found the result very satisfactory. He usually gives one or two 5-grain doses of powdered ergot before bed time, and the cases are few in

which this remedy is found quite useless. He has, moreover, never seen any harm result. Lately he has modified his method by injecting the ergot subcutaneously in the form of a diluted extract.—*Indian Medico-Chirurgical Review*.

## CHLORAL HYDRATE IN HÆMOPTYSIS.

J. PAL refers (*Centralh. f. die gesam. Therap.—Brit. Med. Jour.*) to the two extremely old measures advocated in cases of hæmoptysis namely bleeding and ligaturing of the extremities, the latter procedure having been recommended by HIPPOCRATES. The object is to relieve the venous circulation, while permitting the arterial flow. Several times at the onset of a hæmoptysis the author thus ligatured the four extremities below the axillæ and above the knees respectively, in this way obtaining good results. However, their application can only be extended over about half an hour, and unless the bandages are very carefully and gradually loosened there is a possibility of the thrombus in the lung being detached during the increased venous flow. The author therefore tried chloral hydrate, which he expected to produce the same therapeutic result, without the attendant mechanical disadvantages. Fifteen patients were thus treated, the heart in each having previously been declared sound. The drug was injected *per rectum* in doses of from 15 to 25 grains, and an effect was always produced within half to three-quarters of an hour. Several times repeated doses were given, and as a prophylactic the drug also seemed to be valuable. Several cases are described, and further research in this direction is recommended.—(*Ibid.*)

## THE USE OF A COMBINATION OF CARBOLIC ACID AND CHLOROFORM IN ENTERIC FEVER.

QUILL writes a paper on this subject for the *British Medical Journal* of April 28, 1894.

The combination of carbolic acid and chloroform was adopted for the following reasons: In 1892, Dr. McINTYRE, of Glasgow, conducted some experiments in regard to the action of carbolic acid on the enteric bacillus (GAFFKY'S), and found that, in addition to an antiseptic action on the intestinal contents, the acid controlled the development of the enteric bacillus. Previously to this, in 1890, WERNER, of St. Petersburg, made similar experiments with chloroform, and found that a one to two-per cent. solution of chloroform killed the enteric bacillus.

Reflecting on these experiments, it occurred to me that a combination of these drugs, both of which had a distinctive effect on the specific micro-organism of enteric fever, and one of which had as well a wholesome intestinal antiseptic action, ought, if given with judicious freedom, to be effectual in rendering immune the enteric bacillus and its septic products. So far these expectations have been realized.

He has treated with the carbolic acid and chloroform combination during the past year all the cases of enteric fever that have come under his care, and in each case perfect recovery has followed, without the advent of any symptom calculated to cause anxiety.

It is a gratifying experience to be able to make this record regarding a fever which in India has a mortality very considerably higher than that usually experienced in temperate climates.

The following are the effects he has observed as resulting from the use of the carbolic acid and chloroform combination:—

1. A reduction in the average duration of the fever.
2. A continuous depression of the febrile temperature.
3. Early cleansing of the tongue, dryness of which was rarely observed, and was then evanescent.
4. An almost complete deodorization of the stools.

5. Abdominal distention kept in entire abeyance.

6. Tendency to diarrhœa checked.

7. Intellectual clearness of patient preserved, with no tendency to stupor or delirium.

8. Secondary complication of any kind never occurred.

9. Relapses rare; when they occurred they were of short duration.

10. Food invariably well assimilated.

11. Convalescence rapid.

#### APPLICATION FOR PSORIASIS.

Chrysarobin is dissolved in chloroform (1 to 7), and to it an equal amount or less of linseed oil is added and thoroughly stirred with a hog's bristle shaving-brush. With this mixture the diseased area is well scrubbed,—*British Journal of Dermatology*, July, 1894.

#### THE TREATMENT OF EPITHELIOMA WITH CHLORATE OF POTASSIUM.

FUMAGALLI (*Annales d'Oculistique*, May, 1894) believes that chlorate of potassium, in the form of a salve or powder, has a cicatricial effect in cases of ulcerated epithelioma. When the chlorate of potassium does not suffice to cure the neoplasm entirely, its application has some use, because it restricts the ulceration and renders the removal of tissue by operation less extensive.

#### THE ANTISEPTIC PROPERTIES OF OIL OF CINNAMON.

Dr. D. BRADEN KYLE has used the Ceylon cinnamon oil in the treatment of infective varieties of nasal, laryngeal, and aural affections, with marked success. He explains the action of the oil as follows: The germ being an albuminous compound, composed mainly of nitrogen, oxygen, and hydrogen, and being enclosed in a capsule of varying thickness, the chemical composition of which is cellulose, when brought

into contact with the active principle of the oil, the cinnamic acid has its cell-wall contracted, which practically deprives the germ of its nutrition. By microscopical examination this theory is confirmed. In cases in which the solution of the oil, 1:500, was put to the clinical test, the wounds healed by first intention. However, it is not a safe antiseptic for surgical work, although a good mucous-membrane antiseptic. It is not, however, a germicide.—*Therapeutic Gazette.*

#### THE ANTITOXIN TREATMENT OF DIPHTHERIA.

A certain degree of immunity to diphtheria, lasting for a comparatively short time, can be conferred on animals by inoculating them with attenuated cultures of the specific bacillus, or by injecting a suitable quantity of the serum of an animal who has suffered from the disease in some form which has conferred on it immunity. Since it is probable that the cessation of the pathological process of an acute specific disease—that is to say, recovery—is due to the production of a condition strictly analogous to, or rather identical with, acquired immunity, the suggestion was made that the acquisition of this desired immunity during the existence of the disease might be hastened by the introduction into the organism of a quantity of the serum of an immune animal. This principle has now been applied in the treatment of two diseases,—tetanus and diphtheria. Some striking results have been reported in tetanus, but the question of the value of the method in this disease is not yet settled. The claims made on behalf of the treatment of tetanus by antitoxin have been much criticised in an adverse sense. These criticisms have been founded in great part on the small number of cases which have as yet been treated, since in a disease which is not invariably fatal only a long series of cases can eliminate the source of

fallacy which would be found in a run of mild cases. In the case of diphtheria this source of fallacy is being rapidly eliminated. The number of cases now on record by German observers is very considerable. The results, on the whole, have been remarkably encouraging, and apart from statistics, the marked improvement noted in many cases within a few hours after the administration of the first or second dose has carried conviction to the minds of those who have had the opportunity of observing the cases.

The earliest published cases of diphtheria treated by this method were a series of thirty reported by BEHRING and KOSSEL in April, 1893. Of these, twenty-four, or eighty per cent., recovered. For various reasons, among others the difficulty of obtaining the serum, it was some time before the example of the discoverer was followed by other physicians, but in April, 1894, EHRLICH, KOSSEL, AND WASSERMANN reported the results in two hundred and twenty unselected cases of diphtheria treated by the hypodermic injection of the serum of goats rendered immune by giving them increasing doses of dead diphtheria cultures. Among the one hundred and fifty-three cases which it was not necessary to submit to tracheotomy, the mortality was only 23.6 per cent. In six treated on the first day there was no death, and in sixty-six treated on the second day there were recoveries amounting to ninety-seven per cent., whereas in twenty-three treated on the fourth day the percentage of recoveries fell to 56.5 per cent. In half the fatal cases the disease was so far advanced as to make recovery almost hopeless when the treatment was commenced, and in some other instances the stock of serum ran out. It is important to add that in a few instances the great improvement noticed in the first two days was not maintained, and the patients died in ten days or a fortnight of nephritis or cardiac failure. Neverthe-

less, EHRLICH and his co-workers believed that they had reason to hope that the serum treatment would eventually diminish the number of cases in which nephritis and paralysis occur as complications. The results in the cases submitted to tracheotomy were not so favorable, the mortality being 44.9 per cent. The results of the treatment reported by WEIBGEN, from HAIN's clinic in Berlin, are not very conclusive. The number of cases was sixty-five. Of the patients submitted to tracheotomy, forty-four per cent. recovered; of the others, seventy-two per cent. The epidemic, however, was of a mild type, and by other methods of treatment the rate of recovery had been so much improved that in 1893 it had reached sixty-three per cent. among the cases not submitted to tracheotomy, and forty per cent. among those who did undergo the operation. The results in the Emperor and Empress FREDERICK's Children's Hospital are the most striking, the mortality, which had been over forty-one per cent. for fourteen months previous to the adoption of the serum treatment, falling, according to KATZ's report, suddenly to 13.2 per cent., the number of cases being one hundred and twenty-eight. WEILGERS saw his mortality fall from fifty-three to twenty-eight per cent., the number of cases treated with the serum being sixty-three.

There is some evidence that a person may be rendered immune to the infection of diphtheria by preventive inoculations. KLEMENSIEWICZ and ESCHERICH have found that guinea-pigs can be rendered immune to diphtheria by inoculation with the blood-serum of patients just recovered from the disease. WERNICKE succeeded in producing a certain degree of immunity in dogs by feeding them on the flesh of sheep which had been rendered refractory to diphtheria. The immunity in either case was of short duration, but WERNICKE's observation that the immunizing principle is present in the tissues and can be absorbed from the intestinal canal is of great interest, and ap-

pears to open up a new method of administering the remedy comparable to the thyroid-feeding in myxœdema which has now so generally replaced the injections of thyroid extract at first. WERNICKE succeeded in rendering his dogs more immune by inoculating them with increasing doses of the virus contained in old cultivations of the diphtheria bacillus, and he found that the serum of these dogs had so high a protective power that it rendered guinea-pigs immune to infection by a dose ten to fifteen times as large as was necessary to kill an unprotected animal. He found also that injections of the serum of these immunized dogs could bring about the recovery of guinea-pigs inoculated twenty-four hours previously with a fatal dose of the diphtheria bacillus. KATZ inoculated seventy-two children exposed to the disease; only eight contracted it, and all of these recovered after a mild attack.

In the current number (September 3) of the *Berliner Klinische Wochenschrift*, BEHRING publishes a paper, in which, among other points, he deals with the question of dose. He states that the serum prepared and tested under his own supervision and that of EHRLICH is now issued in two forms, —No. 1 and No. 2; No. 2 is two and a half times stronger than No. 1. No. 1 is sufficient for the treatment of a case of diphtheria in a child under ten years of age, if it be seen on the second or third day. In cases of longer standing, in those of a very severe type in young children, and in adults a repetition of the injection will be necessary. No. 2 serum acts more surely and rapidly in these cases, but, owing to the difficulty of rendering the animals sufficiently immune to provide a serum endowed with immunizing powers so strong, a constant supply cannot be insured.

The estimation of the exact strength of the serum is a difficult matter, and it must be recognized that the strength is liable to vary with the commercial source from which it

is obtained. BEHRING and EHRLICH have devised a method of expressing the strength in figures. Their No. 1 (quality and quantity) contains ten cubic centimetres, which is equal to six hundred antitoxin normals, and is sufficient for one case, with the limitations already mentioned. No. 2 contains 11.5 cubic centimetres of a strong serum, and is equivalent to about fifteen hundred antitoxin normals. BEHRING now estimates that the death-rate of cases treated within forty-eight hours of the onset of the disease with No. 1 ought not to exceed five per cent.

The dose to be injected as a prophylactic in persons liable to be exposed to diphtheria is set down by BEHRING at 60 antitoxin normals, or  $\frac{1}{10}$  of No. 1. After infection—that is, during the incubation stage—he believes that 150 antitoxin normal ought to avert the development of the disease.—Editorial in the *British Medical Journal*, September 8, 1894.

#### TREATMENT OF COMA.

From *La Tribune Médicale*, August 30, 1894, the following treatment is taken:—

*Coma following Affections of the Meninges and Brain*.—1. Place patient in a well-aired room.

2. Friction the entire body with alcohol and water.

3. Apply sinapisms to the legs.

4. Apply four leeches to the mastoid region or bleed from the arms.

5. Give the following purgative enema:—

R. Sodii sulphat., oz. i;  
Sennæ fol., oz. ss;  
Aque, ad f oz. viii;  
M. et ft. infusio.

6. Practise rhythmical tractions of the tongue by the method of LABORDE.

7. Feed patient with milk and bouillon, or, if deglutition is too difficult, give this nutritive enema:—

R. Yellow of two eggs;  
Peptone (dry), oz. ss;  
Milk, f oz. viii.

*Coma of Infection and Toxication*.—1. Give every hour a subcutaneous injection alternately of ether and caffeine:—

R. Caffeine, gr. xlv;  
Sodæ benzoat., dr. i;  
Aque bull., dr. iii.  
S.—Dose, m. x.

2. Every four hours give a tablespoonful of the following:—

Acetate of ammonium, dr. i;  
Tr. musk, gr. xv;  
Essence of mint, m. iv;  
Tr. jalap, f oz. ss;  
Tr. gentian, q. s. ad f oz. iv.

3. Provoke diuresis by large injections of cold water (a quart and a half).

4. If poisoning is indicated, give the special antidote required, and induce vomiting by the subcutaneous injection of apomorphine,—gr.  $\frac{1}{4}$ .

*Neurotic Coma*.—Give the following enema:—

Tr. valerian, f dr. iss;  
Musk, gr. xv;  
Yellow of one egg;  
Water, f oz. i.

Compress the carotid arteries with the fingers. Practise the rhythmical traction of the tongue, and pass interrupted electrical currents through different parts of the body.

#### GLYCERIN IN THE TREATMENT OF COUGHS.

The *Medical Reporter*, of Calcutta, says that in severe paroxysms of coughing, from whatever cause, a tablespoonful of glycerin, in hot milk or cream, will give speedy relief. [If any of our readers are disposed to try it, we would caution them that the dose of glycerin seems rather large, especially as nothing is said about the patient's age or the frequency of its repetition.—Ed.]

#### DIET FOR TYPHOID FEVER.

Perhaps the best of all diets in typhoid fever is kumyss. The lactic acid which it contains will prevent the growth of the typhoid bacillus. The finely divided state

of the casein prevents the formation of curds. The carbonic acid is soothing to the irritated condition of the mucous membrane; the taste is grateful to the patient; the acidity stimulates the secretion of the gastric juice, and thus aids digestion,—in fact it seems to fulfill all the requirements of a food specially suited to the condition of a typhoid patient or a patient suffering from any serious febrile disorder.—*Exchange.*

#### CREOLIN IN INFANTILE DIARRHŒA.

The *Mercredi Médical* attributes to Dr. SCHWING the following formula: Creolin, two or three drops; cinnamon-water, three fluidounces; syrup, one ounce. A teaspoonful is to be given every hour.

#### NEW SIGN OF TYPHOID FEVER.

Dr. FILIPOVITCH, of Odessa, has recently called attention to the fact that in typhoid fever the palm of the hand and the sole of the foot present a calloused appearance with a yellowish coloration, instead of the rosy appearance of health' or the bluish appearance of cyanosis.

#### A CONVENIENT MODE OF ADMINISTERING QUININE.

For the ready administration of quinine to children, BOND (*Virginia Medical Monthly*, vol. xxi, No. 4, p. 343) recommends that the drug be made into pill form with dilute acid, preferably aromatic sulphuric. The pills are crushed and mixed with a little brown sugar, placed upon the tongue dry, and washed down with a glass of water. Sweet chocolate may be used instead of sugar; or the pill may be preceded and followed by the use of licorice root. The same principle of procedure may, of course, be employed with other drugs to be administered to children.—*Medical News.*

#### TREATMENT OF ULCERS OF THE LEG.

FRANK treats (*Jour. of Amer. Med. Assoc.*) ambulant patients suffering from

chronic ulcer of the leg according to UNNA's method as follows.—The granulations are first thoroughly cleansed, then treated, according to indications, either with nitrate of silver if there should be hypertrophic granulation, or of iodoform if the surface is putrid, torpid, and lacking in vitality. The leg is then washed and shaved, and a moderately thick layer of warm gelatine is applied up to the limits of the ulcer by means of an ordinary brush. This gelatine is thus prepared:—

R/ Oxide of Zinc	...	30 parts
White Gelatine	...	40 "
Glycerin	...	50 "
Water	...	90 "

A small patch of gauze is added as a covering to the sore, and a gauze roller, beginning at the toes, is wound firmly around the limb. When a firmer dressing is required—that is, when it is necessary for it to remain for a long time—the layer of gauze is covered with another layer of gelatine, and the bandage is continued over this from above downward. The gelatine is then allowed to cool and become dry, whereupon the patient can be dismissed without further precautions. When the discharge is abundant, this dressing must be repeated at intervals of three days. As discharge diminishes, the dressing may be allowed to remain on eight days or longer. It is perfectly protective, exerts even compression on the leg because of the elasticity of the gelatine and prevents the discharge from coming in contact with healthy skin.

The author highly lauds resorcin as an agent potent to produce new epithelial formation. It is applied, as soon as healthy granulations make their appearance, in the form of a ten per cent. plaster. When the ulcer is unusually callous this dressing will not be efficient, the ordinary adhesive plaster straps and flannel bandage then being indicated. Diachylou plaster is preferred to the ordinary adhesive plaster, and olcum fagi is painted over the thickened surroundings of the granulations.

TREATMENT OF INGROWING NAIL.

Ingrowing nail, or *ongle incarné*, as the French call it, is, as is well known, a very painful affection, and unfortunately the operation necessary for its cure is often dreaded by the patients although local and general anæsthetics are employed to render the avulsion as painless as possible. A very simple method has been frequently employed by a *confrere* with constant success. It consists in painting the offending portion of the nail with a warmed 40 per cent. solution of caustic potash. In a few seconds the upper horny layer is rendered so soft that it can be easily removed by a piece of broken glass used as a scraper. The application of the solution is continued and the scraping, until nothing but an exceedingly thin portion of the nail remains, which can be easily removed by a small scissors. The patients can now be considered as cured, without having lost a drop of blood nor felt any pain.—*Med. Press & Circ.*

THE "C.—C." COUGH MIXTURE.

In a paper read by Mr. JOSEPH W. ENGLAND at the recent meeting of the Pennsylvania Pharmaceutical Association and published in the July number of the *American Journal of Pharmacy*, entitled Notes on Practical Pharmacy, a mixture known under this name is said to be used very largely in the Philadelphia Hospital. Each dose, a fluid drachm, contains an eighth of a grain of codeine sulphate, two minims of diluted hydrocyanic acid, and fifteen minims each of chloroform and mucilage of acacia, the remainder consisting of syrup of wild cherry.

EMERGENCY TREATMENT OF TOOTHACHE.

R.	Chloroform	...	...	} 33 gutta x
	Glycerine	...	...	
	Sat. Sol. of Acid Carboli	...	...	
	Morphine	...	...	gr. j.
	Mix.			

If the offending tooth has a cavity or decayed surface, saturate a small pellet of cotton with the above mixture and put it into the cavity or against the decayed surface; don't pack the cotton in. When the gums are swollen and tender, paint 2 or 3 times two minims apart with a 4 p. c. solution of cocaine. Treat digestive troubles.—*Brooklyn Med. Jour.—Med. Age.*

ABORTIVE TREATMENT OF GONORRHOEA WITH CINNAMON OIL.

Dr. DA COSTA recommends (*Med. Rev.—Clin. Jour.*) the following treatment:—The first day inject one minim to the ounce; the second two; and thereafter three, made up with a liquid petroleum preparation; cleanse the canal beforehand with peroxide of hydrogen.

TREATMENT OF CHRONIC GONORRHOEA.

Dr. W. S. JAMES recommends (*Inter. Jour. of Surgery:—West. Med. Rep.—Clin. Jour.*) the following injection, which has given excellent results in a case of chronic gonorrhœa, where sulphate of zinc, nitrate of silver, and bichloride of mercury had proved inefficient. He has obtained equally favourable results in the acute form of this disease:—

R.	Boracic Acid	...	...	dr. iss
	Tincture of Iodine	...	..	ij
	Glycerine	...	...	oz. ij
	Distilled Water	q. s. ad.	..	iv

Sig.: To be used as an injection morning and night.

TREATMENT OF SPRAINS.

Sprains could be divided into 3 degrees; a mild sprain should be treated by hot water and massage with vaseline. For a moderately severe one the above treatment plus Rubber bandage and urge the patient to walk about. For a very severe case use hot water as before and a plaster of Paris splint which should not be applied until 24 hours after the injury.—*Inter. Jour. of Surgery.*

## TREATMENT OF TALIPES.

Dr. E. LUKE FREER thus summarises (*Birming. Med. Rev.*) his observations on the subject :—Use small tenotomes ; always have an experienced assistant to bring the contracted tissues into sharp relief ; operate from below towards the superficics ; commence *treatment* at once, but do not *operate* until the child is old enough to make its first efforts at walking ; leave the tendo Achillis until the other deformity is recti-

fied ; remember the importance of the transverse tarsal joint ; be careful to avoid sores, and remember that the first two or three weeks being past, golden opportunity for rectification is lost ; avoid plaster, but have a simple, easily adjustable, retentive instrument ; do not neglect the later manipulations and kinetic exercises, like Cook's tours, *personally conducted* ; and last, but not least, leave tarsectomy as a *dernier ressort*.



NOTICES OF BOOKS.

WOMAN'S WORK IN THE FAR EAST.

The August number of this magazine contains a symposium on foot-binding, beside which, letters and gleanings from letters from over the wide field, and notes and queries almost without exception speak on this subject—making this indeed what some call it the anti-foot-binding number. If unity of opinion generates unity of action a general and most aggressive crusade menaces this custom. There seem only two sides to this question. They are antipodal ones.

This symposium on foot-binding contains the following:—

How to Unbind *Miss Julia Bonafield.*

"Don't meddle with the Customs"  
*Lucy H. Hoag, M.D.*

Foot-binding in Kiukiang *Miss A. Stanton.*

Foot-binding ... .. *Miss Irvine.*

Letter from Chinkiang  
*By Miss Mary C. Robinson.*

The Daughters of Cathay  
*Translated by J. Edkins, D.D.*

Anti-foot-binding Society in Ningpo  
*Miss A. R. Morton.*

Anti-foot-binding Experiences in Wenchow ... .. *Mrs. Grace Stott.*

Christian Endeavor and Foot-binding  
*Mrs. J. M. W. Farnham.*

The 2nd Anti-foot-binding Meeting at Shanghai ... *Miss H. L. Richardson.*

It is well known that one of the reasons for small feet is that the possession of such will enable the girl often to procure a husband in a better position of life than she otherwise could, and so many a girl has suffered torture from the binding and her mother equal or greater torture because it would be better for the girl in the future. In Chinkiang at noon-day prayer meeting one of the young Chinese ladies struck a

correct note when she prayed "that the men might be brought to see how contrary to heavenly reason the custom was, and to have begotten in them a hatred for this mutilation of the body; then she prayed for the heads of boys' schools that they would use their opportunity and influence aright on this subject. To give more emphasis to this point the leader of the meeting then told them that she had just heard of a young man educated abroad. On coming home his parents wished him to marry a certain girl, but seeing she had her feet bound he declared he would not marry a small-footed woman. The young lady got to hear of his objection, and immediately went to work to restore her feet to their natural size. She even stuffed cotton in the toes of her shoes to make sure they should be the proper shape. Does not this show where the reform should begin?"

Another writer says:—

"Again, the hands of the lady missionary can be strengthened by those in charge of boys' schools. To-day how many schools have we where the boys prefer wives with large feet? These boys must come in for their share of instruction."

From Dr. LUCY HOAG's article on "Don't meddle with the Customs" we quote:—

"It is hard to have custom, and it ought to be still harder for a father to allow his daughter's ankles to be crushed and mangled because it is the custom, and the question may very well be asked, How much of a Christian is he?"

"But some say with a semblance of pious timidity: 'Don't meddle with the customs of the country. We must be harmless as doves,' or with a tone of the tenderest anxiety: 'I could not mention the subject of

natural feet to our Christians; they have to endure so much."

"There are other customs. Ten years ago a man in the city of Chinking, for no crime of hers, beat his wife to death. It was a small matter; custom did not forbid it, and the fault was condoned by a costly funeral. In the father is vested the power of life and death; he may beat, torture, starve or murder his children and wash his hands in innocence. It is the unwritten law of custom, and in the written laws of the country there is no penalty for such a deed.

The young girl has only the defence of weak assertion, for custom has given the relatives the right to deceive her with fair words and lead her unawares into dens of infamy, or with overpowering numbers drag her away by force; but don't meddle with the custom.

Again she has the right to say that she will never marry if she objects to her fiancé, but many a charming girl has been ensnared and sacrificed in marriage to a drivelling idiot, or forced to marry a fiend in human shape because she was *betrothed in infancy*. It is only another of the sacred customs. Don't interfere. Let us be careful how we sell our popularity by meddling with them. The evils of foot-binding have only been faintly drawn, and I venture that every medical woman who has practiced in China will bear me out in saying that words are inadequate to depict the wretchedness and misery caused by this heathen practice.

When shall we have done with the mawkish sentimentality--don't meddle with the customs--and cease to encourage obedience to the traditions of the devil. We are com-

ing to an awakening. God grant that it may be speedy and thorough."

The following are given among the methods of working up interest in this matter:—

"Give Bible reasons for its prohibition to Christians.

Teach its origin, kindly opposition, etc.

Teach the degrading reason for its continuance (lest women grieve too much).

Teach its hindrance to usefulness.

Teach its hindrance to health.

Teach its temptations subjectively (to the woman) and objectively (to the man.)

Teach its *sinfulness*.

Seek to have heads of boys' schools realize their opportunity and to know that reform must begin with the *man*, the head of the Chinese household."

The poem translated by Dr. Edkins was written by Mrs. Ch'en of Hangechow.

Two articles on the opium habit follow. The notes of the National W. C. T. U. of China tells us that the White Ribbon Commission of women chosen to carry the Polyglot Petition to the governments of all countries will set out on its journey soon. The editorial notes close this most interesting number. In conclusion we would hope that the anti-foot-binding crusade will find that Mrs. Ch'en was gifted with prophecy when she wrote her closing lines:—

"The foolish say, "Impossible! The work would be as great

As if one man should try to lift ten million 'catties' weight."

But not to end this cruelty no harder would be found

Than if a basin of gold lace were lifted from the ground."

M. H.

## NOTES AND ITEMS.

## THE RED CROSS SOCIETY IN TIENTSIN.

B. C. ATTERBURY, M.D.

The readers of the "Journal" will be interested in seeing the accompanying Report of the Red Cross Society recently formed in this place. It tells of the first official recognition, in any liberal manner—of any such Association by Chinese high in authority.

Although the main object of the trip to Port Arthur was not accomplished still as will be seen something was done.

The trip across the Gulf of Pichihli although taking but sixteen hours seemed much longer to some of the party as wind and wave have no mercy on the feelings of even the medical profession. On arrival at our destination we found the Japanese in full possession seemingly as much at home as if they had always owned the place. One is forced to admire the boldness and activity of these "little folk." The party who first came on board our steamer had their guns half-cocked showing that they suspected "the Greeks even when bearing gifts."

To me it was a beautiful sight as our ship lay at the entrance to the harbor surrounded by ironclads while the heights in front of us bristled with cannon, to see amid all these instruments of destruction the white ensign of international good will flying from our foremast. A strange contrast surely—on every side the most costly weapons to kill, in the centre a merchant vessel carrying everything necessary to save life.

During the past month I have had some good opportunities to study the wounds made by the modern military weapons used by the Japanese. At the Viceroy's hospital

especially, are soldiers constantly coming in from the "front" injured in every imaginable manner. The steel bullet now used going at a high velocity makes a very clean wound which unless there are complications seems readily to heal. Bones and tissues are less shattered than with the old fashioned guns. Dr. LIN of the hospital is expecting to write up the most interesting of these cases and I trust will send his observations to the Journal.

The report to which Dr. ATTERBURY refers, first makes hearty acknowledgment of the support received from the community of Tientsin—Foreign and Chinese alike—and lays stress on the official recognition of the Chinese authorities of its status, and their approval of its objects. We are in no position to judge of the repeated reports with regard to the indifference of the Chinese officers and officials as to the fate of their wounded soldiers; so accept with pleasure the statement that His Excellency the Viceroy LI has given "unmistakeable proof that the charge cannot apply to him." The report then goes on to give an account of the expedition which we give in full.

*The Tientsin Red Cross Society's Expedition to Port Arthur.*

When the news of the fall of Port Arthur, after two days' continuous fighting, reached Tientsin on November 24th, it was also stated that the number of killed and wounded on both sides, especially on that of the Chinese, was very great; and there was every reason to fear that the Japanese authorities, however well disposed they might be to treat the Chinese wounded humanely, would be unable to give adequate care to the suffering of both armies. Dr. B. C. ATTERBURY and Mr. C. D. TENNEY,

acting for the Tientsin Red Cross Society, thereupon proposed to His Excellency the Viceroy LI that a steamer should be sent to Port Arthur under the auspices of the Society, in order to offer to render assistance to the Japanese Field Hospital Staff in tending the wounded; and, if permitted to do so, to bring a number of the Chinese wounded to Tientsin for treatment at the hospitals established by His Excellency's initiative, and at the other hospitals placed at the disposal of the Red Cross Society. The Viceroy responded most cordially to this suggestion, and authorised Mr. TENNEY to charter a steamer for the purpose at His Excellency's expense; but, as no steamer could be obtained, the Viceroy sent word, on November 25th, that the Chinese steamer *Toonan* would be placed at the disposal of the Society.

The members of the Executive Committee at once began their preparations for departure. Drs. ATTERBURY, SMITH, HEUSTON, YOUNG, and WILDE, and Messrs. THOMSON, BOSTWICK, LYDUM, and TENNEY, volunteered for the trip. The British military officers, Captains BOWER and CAVENDISH, and Surgeon-Major JAMES, hearing of the proposed expedition, asked permission to accompany it. Each member of the party obtained a certificate from his Consul, stating the object of his journey; and Viceroy LI sent to Mr. TENNEY, the Secretary of the Society, an official document, placing the steamer *Toonan* under his orders.

The party left for Taku, with all the necessary drugs and appliances, by the morning train on Monday, November 26th. Owing to delay in the receipt of the Viceroy's authorization, Mr. TENNEY was unable to accompany the others; but the Railway Company kindly furnished a special train to carry him to Taku, in order that the expedition might not be delayed. In spite of this, the steamer was too late for the tide; and, as it was thought unsafe to

arrive at Port Arthur in the night, the final start from the Bar was not made until 2 p.m. of the next day, November 27th.

The *Toonan* arrived at Port Arthur at daylight, November 28th. Two Japanese war-vessels were anchored outside the port, the *Omi Kan* and the *Hi-yei Kan*. The *Toonan* approached flying the Red Cross flag and the flag of truce at the foremast, the C. M. S. N. Co.'s flag at the mainmast, and the Chinese flag at the mizzen-mast, and hoisted the signal—"I wish to communicate." The *Omi Kan* signalled the *Toonan* to come to anchor, and soon after sent a crew of marines and two lieutenants on board. The object of the expedition was explained to the two officers, and the senior lieutenant requested Captain LOWE of the *Toonan*, and Mr. TENNEY, to return with them to the *Omi Kan*. Having reached the man-of-war, they repeated the explanation, and handed the Viceroy's despatch and the consular certificates to the Japanese Captain for examination. After satisfying himself as to these, the Captain of the *Omi* sent for an officer of the *Hi-yei*; and, after consultation between them, it was arranged that the *Toonan* should follow the *Hi-yei* to Ta-lien-wan, to lay the case before the Admiral, who was then at that place.

Captain LOWE and Mr. TENNEY thereupon returned to the *Toonan* in the *Toonan's* small boat which had followed them to the Japanese man-of-war, and orders were immediately given to hoist anchor. Unfortunately the hoisting-gear broke after a few turns, so that the anchor could not be raised except by tackle; and, as a gale of wind was blowing, it would have taken several hours to have raised it. The *Hi-yei Kan* had started on to sea on observing the *Toonan* beginning to hoist anchor, but soon returned to ascertain the cause of the delay. This accident was extremely unfortunate, for it could not fail to make the Japanese suspicious. After signalling that the *Toonan* was unable

to proceed immediately, Captain LOWE and Mr TENNEY, accompanied by Captain CAVENDISH, went in the steamer's small boat to the *Hi-yei Kan* to give explanations, and to express their willingness to accompany the Captain of the *Hi-yei* to Ta-lien-wan on board the man-of-war, if he wished them to do so. The passage in the small boat was attended with considerable difficulty, as wind and waves were high; and a few minutes after the three foreigners had boarded the *Hi-yei Kan*, the small boat foundered. The crew of four Chinese were saved by the exertions of the officers and men of the *Hi-yei*, although the boat was lost. The conduct of the Japanese toward these Chinese sailors was most commendable. They could not have exerted themselves more for their own people. After getting the Chinese on board, they took off their wet clothes wrapped them in blankets, and gave them restoratives.

The Captain of the *Hi-yei Kan* declined to carry the three foreigners to Ta-lien-wan, on the ground that the Japanese naval regulations forbade it; but he promised to take the papers and lay them before the Admiral, and to bring back the Admiral's reply. The three representatives of the *Toonan* party, with the four half-drowned Chinese, were returned to the *Toonan* in the *Hi-yei Kan's* long boat; and Captain LOWE was directed to remain where he was until he received orders from the Japanese Admiral through the Commander of the *Omi Kan*.

The *Toonan* accordingly remained at anchor under the forts at Port Arthur all the rest of Wednesday, the 28th, and all of Thursday, the 29th, the *Hi-yei Kan* returning to Port Arthur meantime, and departing again, accompanied by the *Omi Kan*, without holding any communication with the *Toonan*. On Thursday afternoon and Friday morning, the Captain of the *Toonan* signalled to the forts, but

could get no answer; and, as it seemed impossible to delay longer, Captain LOWE signalled—"I must leave"—and began hoisting anchor. Just as the ship was ready to start at about noon, a Japanese torpedo boat, No. 19, came out of the harbor, bearing the following letter:—

30th November, 1894.

"To the Members of the Independent Red Cross Society at Tientsin, in the steamer *Toonan*.

"GENTLEMEN!

"I appreciate the humane object of your voyage to carry the wounded soldiers to Tientsin, in order to be taken care of by your Society. At the same time, I have to call your attention to the plain fact that the wounded enemy's soldiers, however humanely they may be treated by the army in whose hands they are, are after all prisoners of war, so that the carrying of them from a land occupied by one of the belligerent armies to the country of the other cannot be called a neutral act. For this reason, I am sorry to have to reject your offer. Let this denial, however, be joined with the assurance that it is the rule of our army to take care of the wounded soldiers, without distinction of enemy or not enemy, so that the wounded Chinese soldiers are being actually taken care of in our field hospitals, and I ask the gentlemen to have no anxiety about the matter.

"Please to understand that communication has been made to the Commander of our fleet that the steamer *Toonan*, in which you now are, shall be made to leave the waters about the Reojun peninsula before 6 p.m., 30th of November, 1894.

"Commander of the Imperial  
"Japanese Army."

After reading this letter, the Executive Members of the Society requested the torpedo-boat officers to accept the medicines, bandages, splints, etc., on board the *Toonan*, for the use of the wounded in the Port Arthur hospitals. The Commander of the

torpedo-boat, however, only agreed to accept four boxes as testimony of the humane object of the mission; and these were sent with a note to the Commander-in-Chief, whose letter was left for future acknowledgment, the *Toonan* starting immediately for Taku, in order to save the tide.

The behavior of the officers of the Japanese men-of-war and the torpedo-boat was extremely courteous and friendly; and, although there is nothing in the Japanese Commander's letter to indicate the number of wounded, and the Japanese naval officers declined to give specific information, it was abundantly clear that the number of wounded on both sides was not that anticipated when the Red Cross expedition to Port Arthur was organized, and that the Japanese field medical staff felt itself competent to deal with all the wounded Chinese as well as Japanese. The indications that further military and naval operations by the Japanese forces were in course of preparation afforded sufficient reason why the doctors on board the *Toonan* could not be invited to visit the hospitals on shore.

The Red Cross party returned to Tientsin on December 1st; and, on the following day, the Honorary Secretary called upon His Excellency Viceroi LI HUNG-CHANG, and gave him an account of the expedition. His Excellency expressed his hearty thanks to the members of the Society for their attempt to relieve the sufferings of the Chinese soldiers, and said that the refusal of the Japanese to allow the removal of the wounded prisoners did not at all diminish the value which he placed on the services of the Society.

#### THE FAUNA OF CORPSES.

A book on this subject, by Dr. P. MÉGUIN, has lately been published in Paris. It is of a medico-legal character, and deals with the insects that prey upon dead bodies, the *travailleurs de la mort*. Various kinds of these insects, it seems, make their

appearance at definite points of time, so that a knowledge of the order, etc., of their coming will, it is maintained, enable an investigator to determine the length of time that has elapsed since death took place, provided it does not exceed three years.

"What did the doctor say was the matter with you?" "He said he didn't know." "Well, what doctor are you going to next?" "None. When a doctor dares to make such an admission as that, he must be about as high in his profession as he can get."

#### ANECDOTE OF SIR WILLIAM GULL.

SIR GEORGE JOHNSON tells the editor of the *British Medical Journal*, that Sir WILLIAM GULL, whom he met at Eastbourne shortly before his death, said to him, "You know the true translation of Γνωθὶ σεαυτόν is, 'Test your urine.'" The editor remarks that it would be interesting to know whether this had been done within a year or two in the case of the late Czar. The following note from *Le Progrès Médical* for November gives an answer which is interesting, if true:—

#### The Czar's Illness.

The medical profession of St. Petersburg, according to *Le Temps*, accuses Professor ZACHARIN of having neglected to ascertain the state of the late Czar's kidneys after his attack of influenza of last year. The surgeon of the imperial yacht *Polar Star*, while the imperial family were cruising last year along the coast of Finland, noticed that the Czar had edema of the face. He secretly secured a specimen of his majesty's urine from a servant, analyzed it, and found evidence of advanced disease of the kidneys. He informed the court physician, Dr. HIRSCH, of his discovery, and the latter having confirmed the diagnosis by his own examination, ordered immediate return to dry land, and residence in a dry climate.

## MEDICAL CO-EDUCATION.

Speaking of co-education at the JOHN HOPKINS Medical School, in the course of a speech made after the recent annual dinner of the Harvard Medical Alumni Association (*Boston Medical and Surgical Journal*), Dr. WILLIAM OSLER said: "I was warmly in favor of it, particularly when the ladies came forward and offered half a million of dollars. I come here to-day, with tears in my eyes and sorrow at my heart, to tell you that co-education has proved an absolute failure, from one standpoint. When I tell you that 33.3 per cent. of the ladies, students, admitted to the JOHN HOPKINS Hospital at the end of one short session are to be married, then I tell you that co-education is a failure. If 33.3 per cent. fall victims at the end of one session, what will happen at the end of the fourth?"

*Doctor.*—H'm! You are run down, sir. You need an ocean voyage. What is your business?

*Patient.*—Second mate of the *Anna Marie*, just in from Hongkong.

## MEDICAL MONKS IN NEW YORK.

An Order of Medical Monks has, according to the *Medical Record*, been founded in New York, in connection with the Episcopal Church. The object of the Order is expressed by the following text, taken from the Gospel of St. Luke (x-9), which it has chosen as its motto: "Heal the sick and say unto them, The Kingdom of God has come nigh unto thee." The Order will be connected strictly with the Church, and the members will devote their time to the poor and sick of the parish. The only compensation which they will receive will be what the parishioners can afford to give them. The members of the Order will rank as deacons of the Church. There are at present two novices, one of whom is a medical student, the other a trained nurse. No information is vouch-

safed as to the number, professional status, etc., of the professed "monks."

## OIL STOVES.

Dr. THOMAS FAGGE writes from Monte Carlo, stating that he was never able to burn oil satisfactorily for warming purposes until he used a proper glass chimney as in an ordinary duplex lamp. He now finds that the most modern oil stoves are in fact constructed as he describes. Of course this is so. The new stoves consist of a good oil lamp, commonly with a circular wick, placed within some ornamental structure of metal or faience. They are as easily kept in order as a lamp. The object of the outer ornamental casing is partly to protect the lamp from being upset or injured, and partly to diffuse the heat by breaking the upward current of the hot air towards the ceiling. The lower part of this casing should be as open as possible to allow direct radiation of heat from the flame; the upper part and top should be comparatively closed in, so as to catch as much of the heat as possible before it flies up to the ceiling, where it is lost for all useful purposes. But for a certain lack of elegance the most useful top for such a stove, in a breakfast room for example, would be a flat plate on which various comforts for the inner man could be kept warm. Dr. FAGGE says that he is able in half an hour to raise the temperature of an ordinary room to 65° or 70° in mid-winter, the stove in this case consisting of three duplex burners fitted to a large square oil reservoir, and the whole enclosed in a tin box, one side of which is of corrugated glass.

One of the most curious features in the recent development of public interest in foreign missions is the remarkable increase of missionaries who receive no pay for their services. In 1887, for example, the Church Missionary Society had only four honorary missionaries; this year it has over 70.

## AN APPLICATION FOR INSECT BITES.

The *Presse Médicale* gives the following formula: Strong ammonia water, thirty parts; collodion, ten parts; salicylic acid, one part. A drop of the solution to be applied to each bite.

## SHAMPOO.

A good shampoo, for removing dandruff, etc., from the scalp, may be prepared by dissolving borax in water, with or without the addition of a little carbonate of ammonium. Very generally carbonate of potassium is used by barbers. The proportion of these salts is about  $\frac{1}{2}$  oz. to the pint. A stimulating effect may at the same time be produced by the addition of some alcohol or bay rum. We think the following a very good preparation:—

Borax.....	1 oz.
Carbonate ammonium.....	$\frac{1}{2}$ "
Aromatic spirits of ammonia.....	1 $\frac{1}{2}$ f. oz.
Bay rum.....	4 f. "
Water, to make.....	1 quart.

## EXTRAORDINARY TEMPERATURE.

RICHET recently called the attention of the Biological Society of Paris to a remarkable case of hyperpyrexia in a woman suffering from intermittent fever. While the temperature in the morning was no higher than 102° F., in the evening it ascended to 113°. Upon two different occasions it rose to 114.8°. The utmost care was taken to avoid deception. Moreover, under the influence of quinine it fell to 96.8°, and when the quinine was suspended the mercury rose again to 118.5°. After a fresh exacerbation of longer continuance the temperature fell to normal and the patient recovered.—*La Médecine Moderne*.

## OLIVER WENDELL HOLMES.

The gentle Autocrat is dead. How beautiful, how happy, how successful a life! A career full of days and full of honors—a joy to its possessor, a glory to his country, a benediction to his kind.

The reputation of the writer has shadowed that of the scientist; otherwise HOLMES would have taken the highest rank as an original investigator and accomplished medical scholar. The suppression of puerperal fever, formerly surrounding childbirth with danger and terror, was largely his achievement. Every home whose mother owes her life to his proclamation that puerperal fever is distinctly preventible, unnecessary, and criminal, is a living monument to his beneficent work—a work which not alone required deep insight, but was made popular by a touching eloquence of exposition which no other medical writer could command.

In the field of prose literature, HOLMES cannot take rank by the side of EMERSON or HAWTHORNE; but his style is ever sunny, lucid, animated, and eloquent, abounding in wit, laden with a wealth of robust sense and noble thought—an influence at once delighting the mind and uplifting the soul.

HOLMES, the poet, never reached the sublimest strain, but his verse was witty, spirited, and melodious. Possessing a wider circle of readers than his more richly gifted friend LOWELL, the direct influence of his poems was large and lasting. HOLMES, the poet, never degraded his muse; his strains were dedicated to truth and art.

An American to the core, yet embodying only the qualities which are nobly American: a passion for freedom, for justice, for manhood; wit tempered by the kindly heart; intellect warmed and mellowed by affection; practical sense without narrowness; keen perception of the ludicrous curbing yet not stifling his capacity for high thinking and his enthusiasm for every great-hearted cause! The sense of bereavement caused by his death is as wide as his fame. All his readers were his lovers. May the earth rest lightly upon him!

## AUTOCRATIC BREVITIES.

Don't flatter yourselves that friendship authorises you to say disagreeable things

to your intimates. On the contrary, the nearer you come into relation with a person, the more necessary do tact and courtesy become. Except in cases of necessity, which are rare, leave your friend to learn unpleasant truths from his enemies; they are ready enough to tell them.—*Autocrat*.

I will tell you my rule. Talk about these subjects you have had long in your mind, and listen to what others say about subjects you have studied but recently. Knowledge and timber should not be much used until they are seasoned.—*Autocrat*.

There are those who hold the opinion that truth is only safe when diluted—about one-fifth to four-fifths lies—as the oxygen of the air is with its nitrogen. Else it would burn us all up.—*Guardian Angel*.

I find the great thing in this world is not so much where we stand, as in what direction we are moving. To reach the port of Heaven we must sometimes sail with the wind and sometimes against it, but we must sail and not drift, nor lie at anchor.—*Autocrat*.

I don't believe the devil would give half as much for the services of a sinner as he would for one of these folk who are always doing virtuous acts in a way to make them unpleasing.—*Professor*.

Sin has many tools, but a lie is the handle which fits them all.—*Autocrat*.

We note that Dr. HOOGE writing in the *Central China Wesleyan Mission Prayer Union*, says: "The past year was one of encouragement. The number of attendances at the out-patient department was larger, whilst our in-patients were very many more than those of any previous year. The majority of the patients of their own accord attended morning and evening service in the hospital chapel, where they regularly heard the WORD of GOD expounded and mingled with our native brethren; in the same voluntary way they attended divine service on the Sundays. Such continuous Christian

influence and teaching cannot be without effect, and many are the instances we have had of good done. One man, upon whom a difficult operation was performed, has ever since of his own accord attended Christian worship and brought his wife as well. He affords a more than usually pertinent example of the Christian influence of our hospitals, as he is, and has been, for many years the private servant of a foreigner who makes no profession of Christianity, and, as a rule, such servants are not the best soil for the Gospel seed to fall upon. Another man who came, sent by Mr. PELL from Hanchwan with a badly injured hand, was won by the practical kindness daily shown him, and by the helping hand of our Samaritan Fund, to listen to the story of Christ's love and gives hope that one day he may be gathered in. Another old patient was so interested in the Gospel, which a somewhat prolonged residence in the hospital brought home to him, that he has ever since joined with us in Christian worship, and has now been baptised, and is further evidencing his eagerness to learn more of "the way" by attending a reading class for the study of Chinese characters. Occasionally, too, one hears of old patients, as when the other day a friendly man accosted Mr. CORNABY, being filled with gratitude that his brother, a notorious opium smoker, had been truly cured, and, said he, everybody knows of the change. All these things call for praise, whilst they emphasize the need for still more earnest prayer for the coming year."

Quoting elsewhere we read from another pen: "To us it appears mysterious, that of those have given to us every needful proof of having taken a more or less deep interest in the Gospel, should so early have their interest translated into actual fact, for three of such have passed into eternity.

One was a bright lad named LIU SANG-YUIN, of eleven summers. His mother brought him twice to the dispensary before consenting to his admission. He was un-

able to walk without the aid of a crutch, and only then with great difficulty as he was suffering from necrosis of the tibia. A week after his admission it was decided to operate. During this week he was very cheerful, and constantly expressed the desire to become a scholar in our school when he had recovered. DORIS HODGE brought him a nice doll, with which he was very much delighted, and it was amusing to see how careful he was to keep it close to himself and well covered up. The operation which Dr. HODGE performed seemed successful, and for several days after he did well. The second Sunday after the operation I occupied the whole afternoon explaining some pictures of Biblical subjects. I well remember that the one which mostly interested him was "Christ Blessing Little Children," and how happy he appeared when he heard that Jesus is the same to-day as when on earth. He was nearly able to repeat and intelligently understand the whole of the Lord's Prayer, which he had learnt during his stay in the hospital. Little did we think this would be his last Sabbath on earth, but thus it proved to be, for on Monday evening his temperature rose very high, and he lost his usual cheerfulness. (Since then we have learned that the news of his mother's illness very much troubled him). On Wednesday morning it was difficult to pacify him, but he became quieter during the day and was talking freely to his grandmother. I saw him about four o'clock when he appeared comfortable, but in less than half-an-hour afterwards he was dead. We were not present at the time, but those who were say that he suddenly threw up his arms, called three times for me, and then died. I cannot describe my sorrow in losing one whom I dearly loved, but am comforted with the thought that though I "loved him well, Jesus loved him best," and had need of him, and that he was only lent to us for a little while to prepare for the glories which have since been revealed to him.

Another case is that of a man named HWANG FU-LI, who was carried into the dispensary suffering from an enlarged spleen, a very common complaint in the East. His friends had brought him 500 *li* (160 miles) to see the foreign doctor, whose reputation had spread thus far. He was told that no permanent good could be done unless he became an in-patient. That he refused to do, but after his second visit, consented. From his entrance the kindness and attention shown appeared to be appreciated, and we became much attached to each other. He was of a very quiet, intelligent and contented disposition, which are not always the characteristics of sick Chinamen. In a conversation we had soon after his arrival, he told us that previously he worshipped idols, and had never heard of the Jesus we so often talked about. So we told him that God was the Only True and Living One; of His great love even for him, which seemed to surprise him; and of the uselessness and falseness of idols. He became greatly interested and was always anxious to learn more of this wonderful doctrine. After several weeks' residence he told us that what we had told him he had been thinking about and was convinced that it was perfectly true, and henceforth he would cease the worship of idols, and desired to worship our God. He wished to know whether God would hear him pray, and if so, what had he to say. We enlightened him on the subject, and taught him a simple prayer. When able to leave his bed he regularly attended worship and also morning and evening prayers, always returning with clear evidence of having attentively listened and intelligently understood all that had been said. He was one of the few patients able to read, therefore we lent him "Pilgrim's Progress," in the reading of which he was greatly interested.

He greatly improved, and as we hoped was making a speedy recovery, until one day, quite unexpectedly, internal hemorrh-

age commenced and became worse the following day, and although every possible means was used to stop the bleeding, all our efforts were of no avail.

It was Monday evening that we stood, as often before, beside his bed, but this time to tell him that life on earth was very brief, but that the life beyond was eternal, and that Christ had gone to prepare a place for those who love Him. It was with difficulty and a feeble voice he said, "I do not fear to die because I am trusting Jesus. You taught me to pray and that is what I am doing. I am asking God to help me, and I know Jesus loves me." He then became unconscious, and did not rally for two hours, when he opened his eyes, and seeing us standing by his side, mentioned my name, evidently wishing to speak, but before I had time to put my ear to his mouth, he had again become unconscious. They were his last words, for he lingered until ten o'clock the following morning, when he peacefully passed away, surely to be with Jesus."

The following aphorisms, quoted by the then Mr. ALABASTER in his papers on the 'Doctrine of the Mean,' and published in the *Celestial Empire* many years ago, offer a striking analogy to certain Christian ethics:—

TSZE SZE (the grandson of CONFUCIUS) enquired in what the Perfect Life consisted. The sage answered, the light had broken on him and he too would prophesy; this is the Perfect Life.

It lies plain before all, yet still is hidden; anyone may know something about it, no one can know all; the vilest follow in some degree, the best must fail in following it exactly. All embracing, permeating all, "it is the greatest by far of all phenomena, and man alone can find fault in it: so vastly reaching, that the universe may not contain it; yet so all penetrating there is nought in Heaven above or the Earth below, so delicately fine. There is nothing to which it does not reach; nothing but is

affected by it. As the hawk is lost to sight in Heaven above us and the fish dive down to depths where human eye can never follow, so the way of life extends from Earth to Heaven, and while it lies within, and has its source indeed in pure humanity, and the simplest and commonest of man's relations, yet by it God and nature are united."

The Great Discovery, remarks the translator, being thus made, that man affords the link between Material Being and Spiritual Existence, the step which lies between time and eternity.

The following is a still more remarkable example: Is this material world all with which we have concern? Need we, then, have no thought of God or care for the Spiritual Powers? Not so.

"The fullness of virtue comes through the spirits", those Angelic Beings who direct and govern, who personify and give being to the opposing forces through which all things have existence.

"You cannot see them, you cannot even hear them, but there is nothing in which they do not take part. For them we fast and put on ceremonial robes, for them religious festivals are instituted. They are on every side, right, left, above, below.

You cannot measure (as the Ode says) the outgoings or incomings of the spirit world, but neither may you disregard them.

They are the evidence of things unseen; not to be hidden where the truth is known." The faithful and just are not far from the (True) way, and this is the rule whereby to judge.

"What you would not men should do to you, that do not to them."

Be to your father as you would your son should be to you. Serve your prince as you would your servants should serve you. Treat your seniors as you would your juniors should behave to you. Deal with your friends as you would have them deal to you. You may not attain thereto, but it is for that that you would strive. *Occa-*

*sional Papers on Chinese Philosophy* by  
CHALONER ALABASTER.

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THE QUALITIES OF A TYPICAL DENTIFRICE.\*

A typical dentifrice should have a mechanical base capable of cleaning the surface of the tooth, without the possibility of doing any chemical or mechanical damage to its structure.

The enamel, though the hardest and densest tissue in the body, is not impregnable, and the edge of the enamel cap is beveled off, so to speak, becoming thinner as the gum is approached. At the neck of the tooth there is often no enamel at all, and consequently the dentifrice comes into contact with a more vulnerable structure—the cementum of the surface of the root.

Pumice, the author contends, must be harmful, as it scratches the surface; charcoal is objectionable owing to its color. Chalk is the best base, and its quality may be roughly tested by trying it on silver: if the metallic surface be cut, a softer base must be sought. *Creta preparata* is to be preferred to the precipitated chalk by virtue of its lightness. Every crystal of the *creta precipitata* has been thrown down from a condition of semi-suspension in a denser fluid by means of its own greater density. It may be contended that the precipitated form is not entirely or exclusively crystalline, but it will be admitted that it is composed largely of crystals. The prepared chalk must also be free from silica.

A small proportion of bicarbonate of soda is desirable in a dentifrice to counteract acidity in the fluids of the mouth. A very small quantity is sufficient, as the saliva is itself alkaline. As an antiseptic, oil of cinnamon is better than carbolic acid or eucalyptus, being pleasant and an efficient germ-killer. The typical dentifrice should not contain an astringent, such

being unpleasant. As to color, only harmless and neutral tints should be selected. In putting up the dentifrice, precautions should be taken to prevent the dipping of the wet brush into the powder. Wide-mouthed bottles with sprinklers are good. Directions should urge rinsing the mouth with water after using the powder, and the use of a soft brush. Warm water should be used in winter, especially by children, and if the dentifrice can be used only once a day, bed time is better than morning.

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We feel it a positive duty to a very eminent section of Society, to append the following 'Advice to Contributors' taken from a Burlington paper:—Never write with pen and ink. It is too plain, and doesn't hold the attention of the editors and printers close enough to their work. If you are compelled to use ink, never use that article vulgarly known as the blotting-pad. If you drop a blot upon the paper, lick it off. The intelligent compositor loves nothing so dearly as to read through the smear it will make across twenty or thirty words. Don't punctuate. We prefer to punctuate all manuscripts sent to us. And don't use capitals. Then we can punctuate and capitalise to suit ourselves. Don't try to write too plainly. It is a sign of plebeian origin and State school breeding. Poor writing is an indication of genius that a great many men possess. Scrawl your article with your eyes shut, and make every word as illegible as you can. Avoid all painstaking with proper names. We know the full name of every man, woman, and child in the world, and the merest bint at the name is sufficient.

It is a great mistake that proper names should be written plainly. *Always write on both sides of the paper*, and when you have filled up both sides of every page, trail a line up and down every margin, and back to the top of the first page. How we do love to get hold of articles in this

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\* By ARTHUR TURNER, F.C.S., L.D.S. Paper read at the last meeting of the British Pharmaceutical Conference, and abstracted in *Chemist and Druggist*.

style! Lay your paper on the ground when you write; the rougher the ground the better. Coarse brown wrapping paper is the best for writing your articles on. If you can tear down an old circus poster and write on the pasty side with a pen-stick it will do still better. If you think of it lose one page out of the middle of your article. We can easily supply what is missing, and we love to do it. *We have nothing else to do.*

[We would like to add that it really is quite needless troubling a teacher to write Chinese characters; they are far more original and satisfactory when written in pencil, if only the right number of strokes are scattered around.—Ed.]

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#### THE NAVAL ENGAGEMENT AT YALU.

Among the list of the small number of officers whose loss Japan has to deplore through the recent naval engagement we notice the usual large proportion of "non-combatant" medical officers—a fifth of the whole number. Especially will be noted in this list, with deep regret by all who are cognisant of the enormous progress Japan has made in medical science and practice, the name of Surgeon-General MYAKI. Dr. MYAKI spent some time in England, and it may be remembered that in the account which Mr. ERNEST HART, during his visit to Japan, gave in these pages of the admirable organisation, advanced instruction, and remarkable proficiency of the classes of the medical department of the University of Tokio, a special tribute was paid to the part which Dr. MYAKI had taken in bringing Japanese medicine of the new school up to a very high level, tried by the most exacting European standards. He mentioned that the naval medical department of Japan was conducted on English lines, and that the English language was obligatory in teaching and in examination work. The army, on the other hand, is modelled very much upon German originals, and most of the army

medical officers are trained either in German universities or by Japanese professors who have studied there. We have before us photographs which were taken on the spot at the time of his visit specially for Mr. HART, showing the laboratories, the dissection rooms, the museums, and the professors at work in their class rooms in Tokio; and a very interesting series they are. Prominent among them is the class room of Dr. MYAKI. They have now such a special interest that, if space can be found, we shall hope to be able to reproduce some of the series. It is a noteworthy fact that the whole of the teaching of the medical department of the Tokio University is now in the hands of accomplished and proficient professors, who are native-born Japanese.—*British Medical Journal.*

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#### TEETH DISEASE IN YOUNG PERSONS.

Mr. R. D. PEDLEY, F.R.C.S., L.D.S., dental surgeon to the EVELINA Hospital for Sick Children, Southwark, has presented to the London County Council a report on the results of his examination of 661 boys at the Industrial School, Feltham, Middlesex. He states that more than three-fourths of them had decayed teeth. In the case of children, who, during the growth of the body, had not merely to maintain nutrition, it is surely, he says, a matter of urgency that all the organs of digestion should be kept in a state of functional integrity, and if, as seems to be the case, diseases of the digestive tract are increasing, it is evident that any departure from the normal dentition places the child and the future adult at a disadvantage. Instead of waiting until a child suffers pain, and thus directs attention to a decayed tooth, it is far better for both patient and operator that the earliest appearance of caries should be noted and the progress prevented by a regulated system of inspection and prompt treatment. Under such circumstances dental disease and the necessity for painful operations become reduced to a

*minimum*, and at the same time the function of mastication is retained in accordance with what is now recognized as the most beneficial practice. Five hundred and thirty-eight boys have among them 1,744 unsound teeth, 741 of which are permanent teeth requiring filling. This points the way so clearly that he has no hesitation in recording his opinion that a qualified dental surgeon should be appointed to the school. He also suggests that a tooth brush and simple tooth powders should be provided for each boy, and that a tooth-brush drill after the last meal of the day be instituted.

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#### APPROPRIATIONS FOR IMMUNIZED SERUM FOR DIPHTHERIA.

The Municipal Council of Paris has appropriated fifty thousand francs for the purchase of anti-diphtheritic serum for the various city hospitals. In Berlin six thousand marks have been voted for similar purposes.

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#### PREHENSILE FEET AMONG THE JAPANESE.

"The art of 'getting there with both feet,' which Japan has been illustrating in her treatment of China, seems to be a natural endowment," says the *Journal of the American Medical Association*. "M. MICHAUT, the anthropologist, who has been investigating the subject, finds that the Japanese have marvelous address in the use of their feet as means of prehension. These members possess extraordinary mobility; the first metatarsal bone is separated from the second by an interval which may measure from eighteen to twenty millimetres, and the ball of the great toe may be made to touch the two adjoining toes. The Japanese rest on their knees, the feet in forced extension lying on the dorsum inclined inward and crossed one on the other, thus forming a little bench on which the pelvis rests. All the Annamites—the Cochinchinese, the Tonkinese, and the Annamites properly so called—also have a

remarkable separation of the great toe, amounting to from three to five millimetres, and prehension also is possible. This cannot be attributed to their foot-wear, as might be the case with the Japanese, since the Annamites either go barefoot or wear sandals; nor to adaptation to environment, because they are inhabitants of the plains. History tells us of the kingdom of Gaiobhil, or the people of the 'bifurcated toes,' who presented this ethnic peculiarity of widely separated great toes in its maximum degree, and examples are still met with—in some families the anomaly being hereditary and descending usually from father to son."

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#### DIPHTHERIA ANTITOXIN AT BROOKLYN.

Dr. JESSE T. DURYEA, medical superintendent of the Brooklyn hospital for contagious diseases at Flatbush, reports that out of fourteen cases of diphtheria treated with antitoxin, twelve recovered. In the two cases of failure the disease had reached a very advanced stage before the remedy was applied. The serum was received from Berlin, but as the supply was soon exhausted, Dr. DURYEA some time ago began the experiment of preparing it himself by the inoculation of horses.

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*Apropos* of our friend the Rev. Dr. COLLINS of Ichaug, we take the following from the *N.-C. Daily News* of the 11th inst. :—

"The American Episcopal Church seems to have made great way. On Christmas day a partition had to be taken down, and the congregation virtually to sit out of doors, so many were eager to be present. Bright little choristers with queues and well washed faces made a fine effect in their long white surplices. There were beside a four surpliced priests—deacons, organist, etc. The crosses of evergreen were mathematically correct, and as we listened to the well-known church tunes and gazed at the well-known church decorations it would not

have been difficult to believe oneself at home. Perhaps it was the cold, but there seemed to pass by a procession of those one had known—good men and women—who had given their lives or their health, or, what is perhaps sadder still, their intellects to effect the conversion of the Chinese, as there before us we saw the visible realisation of what they had striven for—Christian Chiuamen, women and children—‘all the same Englishman.’ There were six baptisms that Christmas morning and in the afternoon a Christmas tree.”

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We regret an unavoidable delay in the issuing of this number of the Journal. It was occasioned by a rather inopportune accident, to which is entirely attributable our not having made personal acknowledgment of many kind letters lately received. It is, indeed, with much pleasure we hear of the welfare of our friends; while yet again, heartily sympathizing with those who cannot, under stress of sorrow, write us, as of yore . . . . We beg to thank them who have written us, but regret, to say the least, the very cautious wording of some of these letters, a wording indeed certainly suggestive of a suspicion, that we would endeavour to make ‘copy’ out of them. We admit, we *have* occasionally become involved in this respect, but that surely can be no reason why every confidence should not still be reposed in us, especially at this season of the year, when everyone should *try* to be charitably disposed. Be this as it may, we *will* quote as long as we can, any way, and the first letter taken from the pigeon hole, is from our Association poet, our old friend, Dr. PORTER (whose touching and immortal lines on *Oleum Olivæ* must recur to all.) He writes as cheerily as ever, and, consistently with his life and work in China, must needs write kindly words to the old editor. From Pang-chuang, date of 21st Nov. he tells us that he is just off for a country trip. He

then trusts (a wish in which we may all join) that “after this cruel and uncalled for war, many clouds will have passed and the way for more effective service be much increased.” “Our hospital work has been greatly lessened by the rumours of war.” We are pleased to gather that the Journal may look to him in the future for what is described as an undeveloped theme at present—a paper on Personal Influence in Medical Missions.

“At Tientsin I saw in Dr. SMITH’s hospital a few cases returned from the late battles. Modern warfare is fearful in its destructive power. When will all its horror be stayed? The Red Cross people should be able to give a strong lift in that direction.”

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Dr. DAVENFORD writing from Chungking refers to poor WALFORD HART’s death; he describes the sad blow to them all, leaving them single-handed once more.

“I seem not to be able to throw myself into medical work; out-patients we have plenty of, but in-patients take up so much time and thought, that I can’t take in many.”

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Dr. GEORGE STUART, whose present address is, care of Harvard Medical School, Boston, Mass., says:—

“I am pounding away in old Harvard, taking the full academic year, Graduates course, and expecting to come up for the Harvard M.D. at the end. I see much of interest, and may trouble you with another of my effusions for the March number of the Journal. I sometimes feel that my mind is only in an entodermic condition. But while there is a fair admixture of micrococci and other bacteria, which might produce ptomaines or other toxins, and thus blast my hopes, I somehow feel that I will come through it all satisfactorily. To myself at least, there is plenty of room for development.

It was my sad privilege to be present at the funeral service of Dr. OLIVER WENDELL HOLMES. Though not personally acquainted with him, I felt that I had lost a true friend when the "Autocrat" was laid under the sod. The world has lost a friend, and the medical profession a shining light.

Dr. CURTISS is in post graduate work in New York, and Dr. McCLURE has already completed one such course and is now at his home in Dearth, Penn."

There passed away from this world of sin and sorrow, on October 27, 1894, a veteran of the Cross, the Rev. A. P. HAPPER, who bore the two-fold title of Doctor of Medicine and Doctor of Divinity. Dr. HAPPER went to China in 1844, as the successor to Dr. PETER PARKER, who sailed for that land in 1834. The veteran doctor was at the Student Volunteer Convention at Detroit with the editor and others, in March, 1894, and though with faltering step and voice, he inspired and cheered the twelve hundred volunteers for the mission field. A portrait and sketch of Dr. HAPPER will appear in the next number.—*Medical Missionary Record*.

Messrs. VOELKEL and SCHROEDER of the *Pharmacie de l'Union*, Shanghai, have forwarded us a Peptonized Emulsion of Cod Liver Oil—"the nauseous taste of the oil being entirely disguised"—an obvious advantage of this preparation is, that being manufactured on the premises, it can always be obtained fresh. The Emulsion is guaranteed to contain fifty per cent. of the finest Norwegian oil together with the active principle of four grains of pure pigs' Peppine—also four grains each of the Hypophosphites of Lime and Soda.

We may add that we have prescribed the Emulsion in question and it is readily tolerated by children. It is an exceedingly well made *Emulsion*, and thus admirable when Cod Liver Oil is indicated.

As the publishing of a reply to a question recently put us by the Rev. Dr. PORTER, with regard to our individual Medical work, may possibly be of interest to others, we have pleasure in quoting the following paragraph from the Rt. Rev. Bishop GRAVES' *Annual Report*:—

"Dr. MATHEWS is the medical officer at St. John's College and St. Mary's School and Orphanage and has charge of the dispensary work centering at St. John's. He says that the health of the students and pupils for the year, taken as a whole, has been good, although in St. Mary's Hall here was a slight epidemic during the winter and two cases of typhoid fever. Much attention is given to the sanitary condition of the buildings. Because of the rebuilding which was going on, his dispensary work has been somewhat impeded; nevertheless the numbers treated were nearly double those of last year, viz., 4,528 individual patients, who made a total of 11,191 visits. Dr. MATHEWS subjoins the dispensary report of the Rev. Mr. Woo at Kong-wan, who states that patients are coming from more extended districts than ever before, and of Dr. CHANG, one of our graduates, at Kia-ding, and of his own work at San-ting-kö, as well as that of the Rev. Mr. KU at Loo-oo and Ta-tsung, at all of which places the total attendance is reported as 5,621, besides 679 vaccinations."

It will further be of interest to make the two following extracts:—

"Dr. MERRINS reports concerning his work in Wu-chang, that he is much encouraged because of his greater facilities since St. Peter's Hospital was erected. He is still keeping up his dispensary work in the native city. There have been 159 in-patients and 5,222 out-patients treated, who made altogether 11,649 visits. He has performed 330 minor and 119 more serious operations, and has seen 168 patients in their own homes. The health of the boys in the Boone School during the year has been

remarkably good. He attributes it largely to the outdoor exercise.

At Hankow a medical work among women has been carried on, which is reported by Miss FLORENCE MACRAE. The dispensary was opened on December 15th. There were 1,413 cases treated."

Dr. BOONE's work in connection with St. Luke's Hospital and Dr. HASLEP's Woman's Hospital have already been referred to elsewhere. It may be added that the collective dispensary statistics read as under:—

St. Luke's Hospital, Dr. BOONE	19,343 visits
St. Johns' College Medical Dpt.	
inclusive, Dr. MATHEWS	... 16,812 ..
St. Peter's Hospital, Dr. MERRINS	... .. 11,649 ..
St. Luke's Woman's Hospital, Dr. HASLEP	... .. 4,409 ..
Dispensary, Hankow, Miss MACRAE	... .. 1,413 ..
	53,626 visits

Owing to circumstances, in the which illness has largely been an unfortunate element, we are unable now to publish any very exact statement of account; and can give only the following informal estimate of our financial position for the satisfaction of the members of the Association which reads roughly thus:—

To meet an indebtedness of some \$250, we have, on the 31st Dec., 1894, standing to our credit in the books of the Mission Press \$220, and a further *outstanding* credit of some \$1,000, which sum is now in course of collection. We may be pardoned for making brief comment here with regard to the trouble involved in making personal application for so many trifling individual accounts, yet, if owing to stress of other work (for duties never conflict) or any possible lack of energy, we do not do so, how very soon, as is evidenced here, the collective debtor amount becomes serious, and indeed, almost threatens to jeopardize our . . . solvency.

Among the many useful articles supplied by THE SHANGHAI DISPENSARY to the Chinese government for the War Department, were their home-made absorbent sponges. These are especially worthy of notice both on account of their usefulness and cheapness. They are made of the best absorbent cotton, rounded and slightly flattened in shape, and the surface made thoroughly uniform by peculiar manipulation. Upon examining them, it was surprising to find, that although only measuring  $3\frac{1}{2}$  in. in diameter they were capable of absorbing some seven ounces of water. Their great advantage is, that not only can they be used as a reliable antiseptic sponge (and owing to their cheapness be thrown away after use) but in actual warfare they are of further use either as a pad-dressing or tourniquet, and which can be applied at once even by an ignorant person, for a calico band of about a yard long by two and a half inches wide is attached to those meant to be used for general emergency purposes. These sponges are to be thoroughly recommended; they are most useful, very cheap, indeed much cheaper than any that can be obtained from home. Several local and out-port surgeons have made use of them and found them entirely satisfactory. Several sets of ordinary straight arm and leg splints, quite equal to home workmanship and finish but considerably cheaper are to be noted. India rubber tourniquets (with clasp) made out of thick red India rubber stomach tubing which, whilst answering the purpose of a tourniquet, can readily be adopted as a stomach tube, or for any irrigation purpose.

The bandages supplied by the Dispensary to the government were of a most serviceable kind, being made of strong, stout and washable Japanese cloth called '*Saroshi*.' These are infinitely superior to the ordinary Chinese cloth bandages so much used out here. Mr. J. D. CHANG, the gentleman in charge of the Foreign Department, and who either personally or by reputation is favour.

ably known to so many medical men in China is most courteous and obliging and deserves great credit for the many very useful additions he has made to the local market. This establishment though compared with other medical stores is of recent date, is rapidly building up an extensive business, and is receiving support from the foreign community as well as from the Treaty Ports, and especially from physicians in the interior of China. As is known they make a speciality of manufacturing tablets of almost any drug as ordered by a physician. These are very neat and uniform in size and weight.

The Shanghai Dispensary is well worthy of an occasional visit. Besides almost all the latest drugs, photographic chemicals, etc., surgical dressings and thermometers a good selection of surgical instruments from England, Germany and Japan are always kept on hand. A great saving in hospital and dispensary work can be effected by dealing with them, for their prices are invariably very reasonable.

#### BIRTHS.

At Shanghai, on Monday, the 27th Aug., 1894, the wife of Dr. H. M. Woods, of the Southern Presbyterian Mission, Ts'ing-kiang-pu, of a daughter.

At Swatow, on Sept. the 18th, the wife of Dr. P. B. COUSLAND, of the English Presbyterian Mission, of a son.

At Lao-ling, Shantung, on Oct. 5th, the wife of Dr. F. W. MARSHALL, of the English Methodist Mission, of a daughter.

At Tai-yuen-fu, Shansi, on Oct. 27th, the wife of Dr. W. M. WILSON, of a son.

At Shanghai, on the 17th Dec., the wife of Dr. J. B. Woods, of the Southern Presbyterian Mission (Tsing-kiang-pu), of a daughter.

#### MARRIAGES.

At Newchwang, Oct. 9th, 1894, by the Rev. JAS. WEBSTER, R. J. GORDON, M.A.,

M.B., Irish Presbyterian Church Mission, to JESSIE T. WESTWATER, of the United Presbyterian Church of Scotland Mission.

At Yokohama, 27th Nov., Dr. E. M. MERRINS, of the Protestant Episcopal Church of America, to Miss TWINCH.

#### DEATHS.

On the 23rd August, at Arima, near Kobe, MARY ISABELLA, the daughter of the Rev. Dr. J. FRAZER SMITH, of the Canadian Presbyterian Mission, Honan, aged two and a half years.

At Tientsin, Oct. 13th, LUCINDA GRAHAM, M.D., of the Canadian Presbyterian Mission, of Asiatic cholera.

At Tientsin, on Oct. the 21st, Mrs. C. A. MALCOLM, wife of Dr. WILLIAM MALCOLM, Canadian Presbyterian Mission, Ch'u-wang, Honan, aged 31 years.

At Ichang, Jan. 5th, Mrs. MCCARTNEY, the wife of Dr. MCCARTNEY, of Chungking.

#### ARRIVALS.

At Shanghai, Sept. 16th, 1894, per *Empress of India*, Dr. and Mrs. WOOD and child, of the Dutch Reformed Mission, for Amoy.

Dr. and Mrs. W. L. HALE and family, of the A. B. C. F. M., for Shansi.

Dr. and Mrs. F. A. WAPLES and child, of the A. B. C. F. M., for Kalgan.

At Shanghai, Oct. 7th, Dr. and Mrs. W. E. MACKLIN and three children, of the Foreign Christian Mission (returning to Nankin.)

Rev. C. R. HAGER, M.D., of the A. B. C. F. M., arrived in Canton Oct., 1894.

Dr. RUTH BLISS returned Oct. 24th to Canton, from a professional visit of five months to Hainan.

At Shanghai, Dec. 1st, Miss S. RIGNHARD, M.D., of the Thibetan Mission Union of Toronto.

At Shanghai, Dec. 8th, — HEWETT, M.R.C.S., M.R.C.P.